

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

98 APR -3 PH 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000078066			
1. Corporation Name VINTAGE OAKS REAL ESTATE COMPANY			
Principal Place of Business		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable c/o Vintage Properties Suite, Apt. #, etc. 5752 Vintage Oaks Circle City & State Delray Beach, Fl. Zip 33484 Country USA		3. New Mailing Office Address, if Applicable c/o Vintage Properties Suite, Apt. #, etc. 5752 Vintage Oaks Circle City & State Delray Beach, Fl. Zip 33484 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 11/9/93		5. FEI Number 65-0450445	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DPST	SUTTIN, EUGENE N.	5752 Vintage Oaks Circle	Delray Beach, Fl. 33484
DVP	BOLLT, JERRY M.	5752 Vintage Oaks Circle	Delray Beach, Fl. 33484
			200002482062--1 -04/08/98--01003--024 ****915.00 ****915.00
			REINSTATEMENT 96-98
			200002482062--1 -04/08/98--01003--025 ****135.00 ****135.00
8. Name and Address of Current Registered Agent COBER CORPORATE AGENTS, INC. 2601 South Bayshore Drive, 19th Fl. Miami, Fl. 33133		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent: KAREN P. KONDELL, TREASURER Date: 3/19/98			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: EUGENE N. SUTTIN, PRESIDENT Date: 3/24/98 (561) 496-7899 Daytime Phone #			

CR2E040 (12/96)