

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 97 OCT -1 PM 2:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000026741

1. Corporation Name
CONDOMINIUM MARKETING CONSULTANTS, INC.
W97-2243

Principal Place of Business Mailing Address

8122 GLADES RD SUITE 222 BOCA RATON, FL 33434 **SAME**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4-7-94	
City & State		City & State		5. FEI Number	
Zip		Country		65-0479775	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
D	KAREN M. TRUE	8122 GLADES RD, STE. 222	BOCA RATON, FL 33434
			200002312912--3
		REINSTATEMENT	95-97
			SC 10-6-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FILINGS, INC. 3732 N.W. 16TH ST. FT. LAUDERDALE, FL 33311		Name KAREN M. TRUE Street Address (P.O. Box Number is Not Acceptable) 8122 GLADES RD Suite, Apt. #, Etc. STE. 222 City BOCA RATON, State FL Zip Code 33434	

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 M True Pres* REGISTERED AGENT MUST SIGN Date: *Oct. 3. 97*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (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: *Karen M True Pres* *Oct. 3. 97* 561-734-8202
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
KAREN M. TRUE

CR2E040 (12/96)



ACCOUNT NO. : 072100000032

REFERENCE : 548344 7137066

AUTHORIZATION : *Patricia Pyzdek*

COST LIMIT : \$ 1088.75

ORDER DATE : September 30, 1997

ORDER TIME : 9:43 AM

ORDER NO. : 548344-005

CUSTOMER NO: 7137066

CUSTOMER: Ms. Melissa Mearthy
Seppala Corporation
Suite 2
3452 W. Boynton Beach Blvd.
Boynton Beach, FL 33435

DOMESTIC FILINGS

NAME: CONDOMINIUM MARKETING
CONSULTANTS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea C. Mabry
EXAMINER'S INITIALS _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

97 OCT -1 AM 10:33

RECEIVED