

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT 19 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000099048

1. Corporation Name  
EDEN PROPERTY MANAGEMENT, INC.

Principal Place of Business 6542 LAS FLORES DRIVE BOCA RATON FL	Mailing Address P O BOX 272298 BOCA RATON FL 33427-2298
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 6536 LAS FLORES DR. Suite, Apt. #, etc. BOCA RATON FL City & State	3. New Mailing Office Address, if Applicable 6536 LAS FLORES DR. Suite, Apt. #, etc. BOCA RATON FLORIDA City & State
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4. Date Incorporated or Qualified To Do Business in Florida  
11/23/1998

5. FEI Number 65-0878008	Applied For Not Applicable
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Zip 33433	Country USA	Zip 33433	Country USA
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6. CERTIFICATE OF STATUS DESIRED  \$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	4 City / State / Zip
D	REILLY, CHRISTINE	6542 LAS FLORES DRIVE 6300 VIA TIERRA	BOCA RATON FL 33433
D	AYTON, MARLEEN	6542 LAS FLORES DRIVE 6536	BOCA RATON FL 33433
			400003031194--4 -11701799--01117--021 ****750.00 ****750.00

8. Name and Address of Current Registered Agent REILLY, CHRISTINE 6542 LAS FLORES DRIVE BOCA RATON FL	9. Name and Address of New Registered Agent Name MARLEEN AYTON Street Address (P.O. Box Number is Not Acceptable) 6536 LAS FLORES DR. Suite, Apt. #, Etc. BOCA RATON FL City State FL Zip Code 33433
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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: Marleen Ayton Date: 10/14/99  
REGISTERED AGENT MUST SIGN

11. 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: Marleen Ayton Date: 10/14/99 Daytime Phone #: 561-4821072  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REINSTATEMENT 99@

CP20040 (6/99)

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