

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

01 NOV -9 AM 11:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 760084
 1. Corporation Name
CAMINO REAL OWNERS ASSOCIATION, INC.

Principal Place of Business
 50 EDWARDS ROAD
 CLIFTON NJ 07013
 US

Mailing Address
 50 EDWARDS ROAD
 CLIFTON NJ 07013
 US



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

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
 09/17/1981

5. FEI Number
 59-2176567
 Applied For. Not Applicable

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
JD	PAOLUCCI, JOSEPH JOHN	46 VILLAGE ROAD	CLIFTON NJ 07013
STD	WITMER, LINDA	155 ABBE LANE 50 EDWARDS ROAD	CLIFTON NJ 07013
P STD	PAOLUCCI, DEAN	71 COUNTRY LANE	CLIFTON NJ 07013

700004697917--8
 -11/29/01-01034-004
 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

SMITH, BILL T., JR
 1650 S. DIXIE HWY.
 BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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 **SIGNATURE REQUIRED** Date _____
 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: **SIGNATURE REQUIRED** 10/26/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (801)

wfz

Camino Real Owners Association, Inc.
PO Box 4702
Clifton, NJ 07015 - 4702

Dear Sirs,

We received on October 15, 2001 your Notice of Administrative Dissolution or Revocation at the address above. We were surprised by this action and contacted your office. We were informed that this was the forth notice (Renewal + 2 Reminders) which was sent. We unfortunately did not receive any of the other correspondence you mailed. Accordingly, we are requesting that you accept the enclosed check for \$61.25 as a good faith effort to comply with our obligations to the State once notified. A duplicate copy of the Renewal has been completed and return to you with this letter.

Additionally, as a result of this problem we have secured a Post Office Box, which will serve as our new mailing address. Please accept this letter as formal notification and transmit any further correspondence to the new address listed below.

Camino Real Owners Association, Inc.
P.O. Box 4702
Clifton, NJ 07015-4702

Thank You in advance for your consideration in this matter.

Sincerely,



J. Dean Paolucci
President
Camino Real Owners Association, Inc.