

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
RECEIVED CORPORATIONS

01 MAY 23 PM 4:16

DOCUMENT # 932132

1. Corporation Name
*Bldg 2ND Regquat club Apartments
at Bohaventers 6 condominium
ASSOCIATION, INC.*

00-01

2. Principal Office Address <i>541 S. State RD 7</i>		3. Mailing Office Address <i>541 S. State RD 7</i>	
Suite, Apt. #, etc. <i>12</i>		Suite, Apt. #, etc. <i>12</i>	
City & State <i>Margate FL</i>		City & State <i>Margate FL</i>	
Zip <i>33068</i>	Country <i>USA</i>	Zip <i>33068</i>	Country <i>USA</i>

REINSTATEMENT
07/25/00 01011 080 76.25

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-1913000

6. CERTIFICATE OF STATUS DESIRED \$675 Additional Fee reqd for a Certificate of Status

Applied For
Not Applicable

7. Name and Address of Current Registered Agent

Name
Phoenix Management Services INC

Street Address (P.O. Box Number is Not Acceptable)
541 S. State RD 7

Suite, Apt. #, Etc.
Suite 12

City
margate

State
FL

Zip Code
33068

000004447390-8
-06/27/01-01043-00
****245.00 ****245.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Kenny Ford* REGISTERED AGENT MUST SIGN
Date *3/27/01*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres. D	<i>Kathy Buskey</i>	<i>120 Lakeview Dr</i>	<i>Weston FL 33068</i>
VP D	<i>Estelle Payner</i>	<i>120 Lakeview Dr</i>	<i>Weston FL 33068</i>
Treas D	<i>AARON Greenberg</i>	<i>120 Lakeview Dr</i>	<i>Weston FL 33068</i>
Sec D	<i>Betty Grossman</i>	<i>120 Lakeview Dr</i>	<i>Weston FL 33068</i>
D	<i>Bernice Geller</i>	<i>120 Lakeview Dr</i>	<i>Weston FL 33068</i>

AD

10. 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: *Kathy Buskey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #