


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 JUL 22 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744005

1. Corporation Name
Bona Vista Two Condominium Association
7150 INDIAN CREEK DRIVE
MIAMI BEACH, FLORIDA 33141

2. Principal Office Address - No P.O. Box #
Suite: **Boni Vista Two Condominium Association**
7150 Indian Creek Drive
Miami Beach FL 33141

3. Mailing Office Address
same

Suite, Apt. #, etc.
City & State
Zip Country

TD
0001
REINSTATEMENT 10-11

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 1978 year

5. FEI Number NA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Ted Boguski

Street Address (P.O. Box Number is Not Acceptable)
7150 Indian creek DR. # 206

Suite, Apt. #, Etc.
206

City
Miami Beach

State
FL

Zip Code
33141

600209955146
07/22/11--01041--013 **70.00

600209955146
07/13/11--01026--013 **236.25

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 T. Boguski REGISTERED AGENT MUST SIGN Date 07/11/11

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
<i>Pres.</i>	<u>Liora Giron, Ramati</u>	<u>7150 Indian creek DR. # 404</u>	<u>Miami Beach, FL. 33141</u>
<i>V. Pres.</i>	<u>Margaret H. Manning</u>	<u>" # 401</u>	<u>" "</u>
<i>Pres.</i>	<u>Ted Boguski</u>	<u>" # 206</u>	<u>" "</u>

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10. E-mail Address: None (To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: T. Boguski BOGUSKI Date 07/11/11 Daytime Phone #

SA 7/25/11