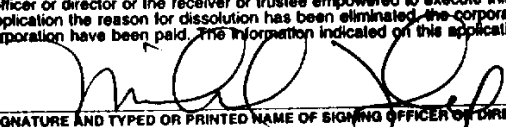


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		FILED 99 NOV 30 PM 2:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 745231 (1)					
1. Corporation Name B.T.C. CONDOMINIUM ASSOCIATION, INC					
Principal Place of Business 2929 University Drive CORAL SPRINGS, FL 33065		Mailing Address 2929 University Dr. CORAL SPRINGS, FL 33065			
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 Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date incorporated or Qualified To Do Business in Florida 12/12/1998 5. FEI Number 59-1967185 6. CERTIFICATE OF STATUS DESIRED ☐	
				Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PSD	FLAX, MICHAEL DA.	2929 University Dr. #102	CORAL SPRINGS, FL 33065		
VD	GOLDBERG, MARC	2929 University Dr.	CORAL SPRINGS, FL 33065		
TD	HUBEN, ROBERT	2929 University Dr.	CORAL SPRINGS, FL 33065		
			400003072924--4 -12/16/99--01067--011 ****297.50 ****297.50		
8. Name and Address of Current Registered Agent FLAX, MICHAEL DA. 2929 University Dr. Suite 102 CORAL SPRINGS, FL 33065			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		
			State FL Zip Code		
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  Date 11/29/99 REGISTERED AGENT MUST SIGN					
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 of 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. 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:  Date 11/29/99 Daytime Phone # KE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					