PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAY 28 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745231 (1)

1. Corporation Name
B.T.C. Condominium Association, Inc.

2. Principal Office Address	**3.** Mailing Office Address
2929 University DR.	Same
Suite, Apt. #, etc. #102	Suite, Apt. #, etc. Same
City & State Coral Springs, FL	City & State Same
Zip 33065 Country USA	Zip Same Country Same

4. Date Incorporated or Qualified To Do Business in Florida 12/12/78

5. FEI Number 59-1961185 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name FLAX, Michael

300005754353--7
-06/11/02--01105--001
****192.50 ****192.50

Street Address (P.O. Box Number is Not Acceptable) 2929 University DR.

Suite, Apt. #, Etc. Suite 102

City Coral Springs State FL Zip Code 33065

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 _____ Date 5/22/02
REGISTERED AGENT MUST SIGN

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
P/D	Flax, Michael	2929 University DR #102	Coral Springs, FL 33065
V/D	Goldberg, Marc	2929 University DR #102	Coral Springs, FL 33065
T/D	Luban, Robert	2929 University DR #102	Coral Springs FL 33065

173.75-AR
10.00-AEARTS
8.75-Cert

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: _____ 954-252-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #