

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

00-01 UBR

FILED

01 JUL 12 PM 2:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**CORPORATION
 REINSTATEMENT**

DOCUMENT # **745885**

1. Corporation Name

Building ^{seven} of Country Club Apartments
 at Bonaventure 32 Condominium Assn., Inc.

2. Principal Office Address

11530 State Rd. 84

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 551390

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Davie, FL

Zip

33325

Country

Broward

Zip

33355

Country

Broward

4. Date Incorporated or Qualified
 To Do Business in Florida

1976

5. FEI Number

59-1920125

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

West Broward Property Management

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

11530 State Road 84

Suite, Apt. #, Etc.

500004493995-2

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City

Davie

State

FL

Zip Code

33325

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

Margda Fure

REGISTERED AGENT MUST SIGN

Date

6/18/01

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
PD	Murray Shorr	16325 Golf Club Road	Weston, FL 33326
SD	Donald Palay	16325 Golf Club Road	Weston, FL 33326
TD	James Harlin	16325 Golf Club Road	Weston, FL 33326

LS

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:

Murray Shorr

Murray Shorr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/18/01 954-479-3820

Daytime Phone #

CR2E081 (9/00)