

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

03 MAY 16 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*02-03 Reu*

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **745885**

1. Corporation Name  
**Building Seven of Country Club Apartments at Bonaventure 32 Condominium Association, Inc.**

2. Principal Office Address  
**4780 N State Rd 7**

3. Mailing Office Address  
**4780 N State Rd 7**

Suite, Apt. #, etc.  
**Suite E250**

City & State  
**Lauderdale Lakes, FL**

Zip Country  
**33319 USA**

4. Date Incorporated or Qualified To Do Business in Florida **02/08/79**

5. FEI Number **59-1920125**

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

7. Name and Address of Current Registered Agent

Name **Phoenix Management Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**4780 N State Rd 7**

Suite, Apt. #, Etc. **E-250**

City **Lauderdale Lakes**

State **FL** Zip Code **33319**

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 Jordon*** Date **3/27/03**

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
<del>P.D.</del>	<del>Rebecca Martin</del>	<del>16325 Golf Club Rd #311</del>	<del>Weston FL 33326</del>
V.P.D.	Naomi Stewart	16325 Golf Club Rd #201	Weston FL 33326
<del>T.D.</del>	<del>James Martin</del>	<del>16325 Golf Club Rd #311</del>	<del>Weston FL 33326</del>
S.D.	Charles Lestin	16325 Golf Club Rd #203	Weston FL 33326
D	Don Palay	16325 Golf Club Rd #101	Weston FL 33326
D	Yolanda Vera	16325 Golf Club Rd #201	Weston FL 33326

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: ***Rebecca P. Martin*** **REBECCA P. MARTIN** Date **3/31/03** Daytime Phone # **954 349-8030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)