
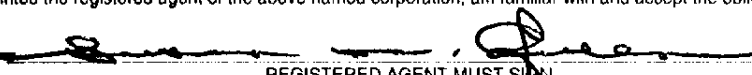
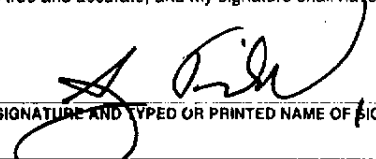


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  97 JUN -2 AM 5:39  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # 747998</b>					
1. Corporation Name <b>Burwick Homeowners Association, Inc.</b>					
Principal Place of Business <b>7100 Fairway Drive, #29</b> <b>Palm Beach Gardens, FL 33418</b>			Mailing Address <b>7100 Fairway Drive, #29</b> <b>Palm Beach Gardens, FL 33418</b>		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>7/9/79</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-1969410</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip Country		Zip Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
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
P/D	Gary Fields	7100 Fairway Drive, #29	Palm Beach Gardens	FL	33418
V/D	Steve Halvorson	7100 Fairway Drive, #29	Palm Beach Gardens	FL	33418
S/T/D	Mark Feldmesser	7100 Fairway Drive, #29	Palm Beach Gardens	FL	33418
D	Lester Larsen	7100 Fairway Drive, #29	Palm Beach Gardens	FL	33418
D	Eckhard Bennewitz	7100 Fairway Drive, #29	Palm Beach Gardens	FL	33418
D	Jerry Gillen	7100 Fairway Drive, #29	Palm Beach Gardens	FL	33418
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Susan M. Queen 7100 Fairway Drive, #29 Palm Beach Gardens, FL 33418			Name <b>REINSTATEMENT</b> Street Address (P.O. Box Numbers Not Permissible) <b>95-97</b> City State <b>FL</b> Zip Code <b>6-4-97</b>		
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 <b>5/22/97</b>		
REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. 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:  PRESIDENT <b>5/23/97</b> 561-625-8588 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E040 (12/96)