PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 NOV 12 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769801

1. Corporation Name
VILLAS OF BONAVENTURE AT BONAVENTURE TRACT 23 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6047 KIMBERLY BLVD. SUITE N N. LAUDERDALE, FL 33068	C/O NORDE MGMT. CORP. 6047 KIMBERLY BLVD. SUITE N N. LAUDERDALE, FL 33068

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96av

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/11/83

5. FEI Number: 59-2532580 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	BEVERLY GREEN	449 LAKEVIEW DR. #3	FT. LAUDERDALE, FL 33326
V/D	JACK STERN	447 LAKEVIEW DR. #3	FT. LAUDERDALE, FL 33326
T/D	SHIRLEY HAJDU	451 LAKEVIEW DR. #4	FT. LAUDERDALE, FL 33326
S/D	MARIAN J. PRINZO	447 LAKEVIEW DR. #4	FT. LAUDERDALE, FL 33326
			400002008704--1
			11/13/96--01157--011
			****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: EDWARD R. BERKHEIMER
Street Address (P.O. Box Number is Not Acceptable): 6047 KIMBERLY BLVD.
Suite, Apt. #, Etc.: SUITE N
City: N. LAUDERDALE | State: FL | Zip Code: 33068

CR2E040 (12/95)

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: [signature] Date: 11-5-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 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., 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: [signature] SHIRLEY HAJDU 11/5/96 954-384-6678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #