PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 11 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02890

1. Corporation Name
VILLAS OF BAHAMA WEST CONDOMINIUM ASSOCIATION, INC.

100029816931
03/03/04--01054--003 **236.25

100029816931
05/24/04--01073--001 **61.25

3/3/04 01054 003 $236.25

2. Principal Office Address	3. Mailing Office Address
141 SOUTHFIELDS ROAD	9331 COMANCHE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PANAMA CITY BEACH FL	City & State: COLUMBUS, GA
Zip: 32413 Country: USA	Zip: 31904 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 491660159 ☐ Applied For ☐ Not Applicable

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

3203

7. Name and Address of Current Registered Agent

Name: CARLOTTA APPLEMAN - MONIZ

Street Address (P.O. Box Number is Not Acceptable): 304 MAGNOLIA AVE

Suite, Apt. #, Etc.:

REINSTATEMENT 03

City: PANAMA CITY State: FL Zip Code: 32401

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 1/12/04
REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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	RANDALL K. THOMAS	9331 COMANCHE ROAD	COLUMBUS, GA 31904
VPD	LINDA F. BROWN	15 GABRIEL ROAD	PHENIX CITY, AL 368168
STD	MARILYN M. GODWIN	6101 RIVER ROAD #3	COLUMBUS, GA 31904

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: Randall K Thomas Randall K Thomas 1-15-04 706-366-3121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #