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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.


Email Address: _____

CORPORATION REINSTATEMENT
THE ENCLAVE AT BLACK POINT MARINA HOMEOWNERS ASSOCIA

Certificate of Status	0
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Page Count	02
Estimated Charge	\$297.50

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N06000003971 1. Corporation Name The Enclave at Black Point Marina Homeowners Association, Inc.			
2. Principal Office Address - No P.O. Box # 4949 SW 75 Avenue State, Apt. #, etc. City & State Miami, FL Zip 33155 Country USA		3. Mailing Office Address 4949 SW 75 Avenue State, Apt. #, etc. City & State Miami, FL Zip 33155 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida April 10, 2006			
5. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			
7. Name and Address of Current Registered Agent Name Charlie Morris Street Address (P.O. Box Number is Not Acceptable) 4949 SW 75th Avenue State, Apt. #, Etc. City Miami State FL Zip Code 33155			
<input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 907.0505 or 617.0503, F.S. Signature of Registered Agent <u>Charles B. Morris</u> Date 12/17/09 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
P/D	Roberto J. Suris, Jr.	4949 SW 75 Avenue	Miami, FL 33155
VP/D	Charlie Morris	4949 SW 75 Avenue	Miami, FL 33155
ST/D	Marcos Egipciano	4949 SW 75 Avenue	Miami, FL 33155
10. E-mail Address: cmorris@13fi.com <small>(To be used for future annual report notification)</small>			
11. 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 907.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid, I further certify, 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: <u>Charles B. Morris</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		12/17/09 <small>Date</small> 305-685-1002 X305 <small>Daytime Phone #</small>	

FILED
 2009 DEC 23 PM 5:51
 TALLAHASSEE, FLORIDA

REINSTATEMENT

B. Mitchell DEC 23 2009