

PLEASE READ ALL INSTRUCTIONS BEFORE COM

APPROVED
AND
FILED

05 MAR 21 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 11483

1. Corporation Name
BAL HAR BOE BOULEVARD CONDOMINIUM
Association, INC.

2. Principal Office Address

3700 Bal Harbor

Suite, Apt. #, etc.

City & State

Punta Gorda FL

Zip

33950

Country

USA

3. Mailing Office Address

100 Sullivan ST

Suite, Apt. #, etc.

Ste 112

City & State

Punta Gorda FL

Zip

33950

Country

USA

REINSTATEMENT 03-04
MRK

4. Date Incorporated or Qualified
To Do Business in Florida

10-8-1985

5. FEI Number

31-1148785

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joan F. Greene

Street Address (P.O. Box Number is Not Acceptable)

100 Sullivan ST

Suite, Apt. #, Etc.

112

City

Punta Gorda

State

FL

Zip Code

33950

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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

Joan F. Greene

Date 3/10/05

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
PD	PAT DUFFY	7 OLDE TOWNE LANE	CHATHAM MA 02633
VPP	THOMAS O'KEEFE	2289 MORNING PT	ROAMING SHORES OH 44084
D	LAWRENCE MAURER	1717 W ROUND LAKE RD	DEWITT MI 48820

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:

Thomas POK Secretary

3/10/05

440.812.8010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

292

3/10/05

Please Remove Reinstatement fee. Association
Board changed- owners moved and forms
were never Received. New Accountant
Said we had to file and get current