

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

98 SEP 21 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17937

1. Corporation Name

Bermuda Isles At Boca Rio
Homeowners Association, Inc.

W 9800002/583

Mailing Address

Principal Place of Business

c/o RAS Management Corp.
116 Huntington Avenue
Boston, MA 02116

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

c/o Lionel Goldman

Suite, Apt. #, etc. 625, Boul, Rene-
Levesque Ouest, Bureau 1600

City & State

Montreal, Quebec

Zip

H3B 1R2

Country

Canada

3. New Principal Office Address, If Applicable

1002 Sherbrooke St. West

Suite, Apt. #, etc. Suite 2600

City & State

Montreal, Quebec

Zip

H3A 3L6

Country

Canada

4. Date Incorporated or Qualified To Do Business in Florida

11-24-86

5. FEI Number

59-2741683

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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)

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	James D. Raymond	1002 Sherbrooke St. West Suite 2600	Montreal, Quebec H3A 3L6
S/T/D	Charles Maldoff	1155 Rene Levesque Suite 2500	Montreal, Quebec H3B 2K4
D	John Raymond	1002 Sherbrooke St. West Suite 2600	Montreal, Quebec H3A 3L6
			100002648411--2 -09/24/98--01080--013 ****420.00 ****420.00
REINSTATEMENT			96-98 73 9/21

8. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Connie Bryan

**CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY**

REGISTERED AGENT MUST SIGN

Date

9-21-98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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:

James D. Raymond

9-17-98

CR2E040 (6-94)