


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 MAY 28 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17937

1. Corporation Name
BERMUDA ISLES AT BOCA RIO HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address c/o 200 S. Biscayne Blvd.		3. Mailing Office Address c/o 200 S. Biscayne Blvd.	
Suite, Apt. #, etc. Suite 4000		Suite, Apt. #, etc. Suite 4000	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33131	Country U.S.	Zip 33131	Country U.S.

REINSTATEMENT 02-04
MRS

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
592741683

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CORPORATE INTERNATIONAL REGISTERED AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable)
200 SOUTH BISCAYNE BOULEVARD


Suite, Apt. #, Etc.
SUITE 4000

City
MIAMI

State
FL

Zip Code
33131

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  Date **5/26/04**

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	STEVEN A. LEAFFER	8181 E. TUFTS AVE., STE. 510	DENVER, CO 80237
D	MICHAEL A. FEINER	200 SPRUCE ST., SUITE 200	DENVER, CO 80230
T/D	WILLIAMS S. O'CONNELL	500 VICTORY ROAD	NORTH QUINCY, MA 02171
S	KEITH M. POCKROSS	1200 17TH STREET, STE. 2400	DENVER, CO 80202
			40003223334 05/07/04--01070--002 **358.75

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)(f), 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:  **5-26-04 303-572-6516**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED61 (01/04)