
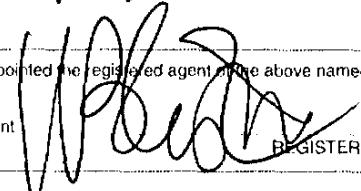


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p><b>APPLICATION FOR REINSTATEMENT</b></p>	 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	<p style="text-align: right; font-size: 1.2em;">FILED</p> <p style="text-align: right;">97 FEB -3 AM 10:35</p> <p style="text-align: right; font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																																
<p><b>DOCUMENT # N19838</b></p> <p>1. Corporation Name</p> <p><b>BOCA GOLF &amp; TENNIS TOWNHOMES HOMEOWNERS ASSOCIATION, INC</b></p>		<p style="font-size: 1.2em;">200002049742-4</p> <p style="font-size: 0.8em;">-02/08/97--01009-009 ****175.00 ****175.00</p>																																
<p>Principal Place of Business</p> <p><b>BOCA RATON, FL.</b></p>		<p>Mailing Address</p> <p><b>100002079441-7</b></p> <p style="font-size: 0.8em;">-02/06/97--01009-009 ****175.00 ****175.00</p> <p style="font-size: 1.5em; font-weight: bold;">REINSTATEMENT</p> <p style="font-size: 0.7em;">DO NOT WRITE IN THIS SPACE</p>																																
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																																		
<p>2. New Principal Office Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City &amp; State</p> <p>Zip Country</p>		<p>3. New Mailing Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City &amp; State</p> <p>Zip Country</p>																																
		<p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p>5. FEI Number <b>59-2795995</b></p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																																
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1</th> <th style="width:30%;">2</th> <th style="width:40%;">3</th> <th style="width:20%;">4</th> </tr> <tr> <th>Title(s)</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>ELEANOR COHEN</td> <td>17064 BOCA CLUB BLVD #3</td> <td>BOCA RATON, FL 33487</td> </tr> <tr> <td>VP</td> <td>DOUGLAS KIGAR</td> <td>17052 BOCA CLUB BLVD #6</td> <td>"</td> </tr> <tr> <td>SECT</td> <td>JACKIE BOWIT</td> <td>17058 BOCA CLUB BLVD #6</td> <td>"</td> </tr> <tr> <td>TREAS</td> <td>BERNARD BLUESTEIN</td> <td>17058 " " " #2</td> <td>"</td> </tr> <tr> <td>D</td> <td>ELAINE LIPPMAN</td> <td>17058 " " " #3</td> <td>"</td> </tr> <tr> <td>D</td> <td>VERENO SANTARONE</td> <td>17099 " " " #5</td> <td>" B2-4-97</td> </tr> </tbody> </table>			1	2	3	4	Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	P	ELEANOR COHEN	17064 BOCA CLUB BLVD #3	BOCA RATON, FL 33487	VP	DOUGLAS KIGAR	17052 BOCA CLUB BLVD #6	"	SECT	JACKIE BOWIT	17058 BOCA CLUB BLVD #6	"	TREAS	BERNARD BLUESTEIN	17058 " " " #2	"	D	ELAINE LIPPMAN	17058 " " " #3	"	D	VERENO SANTARONE	17099 " " " #5	" B2-4-97
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<p>8. Name and Address of Current Registered Agent</p> <p><b>CAMPBELL PROP. MGMT &amp; REAL ESTATE INC</b> 1815 E. HILLS BORO BLVD DEERFIELD Bch, FL. 33441</p>		<p>9. Name</p> <p><b>100002079441-7</b></p> <p>Street Address (P.O. Box No.)</p> <p>Suite, Apt. #, Etc.</p> <p>City</p> <p>State <b>FL</b> Zip Code</p>																																
<p>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.</p> <p>Signature of Registered Agent  Date <b>12/18/96</b></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																																		
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																																		
<p>12. 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.</p> <p>SIGNATURE: <b>ELEANOR COHEN, Pres.</b> Date <b>12/16/96</b> Daytime Phone # <b>561-241-5742</b></p> <p style="font-size: 0.7em;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>																																		

CR26040 1/2/95