

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -4 AM 8:00

REINSTATEMENT 03-04
MRB

DOCUMENT # N 21177

1. Corporation Name

Bear Island Homeowners Assoc. Inc

500028408465
03/04/04--01007--026--**61.25

500028408465
02/09/04--01035--028--**236.25

2. Principal Office Address

2400 Centrepark W. Dr.

Suite, Apt. #, etc.

175

City & State

WEST PALM BEACH, FL

Zip

33409

Country

USA

3. Mailing Office Address

2400 Centrepark W Dr

Suite, Apt. #, etc.

175

City & State

WEST PALM BEACH, FL

Zip

33409

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2814223

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

FRANK MOSCATO

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

2400 CENTRE PARK W DR

Suite, Apt. #, Etc.

175

City

WEST PALM BEACH

State

FL

Zip Code

33409

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

Frank Moscato

Date 1/22/04

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
PRES	JOEL CRONIN	1360 WILDERNESS RD	WEST PALM BEACH FL 33409
SEC	KAMEL SHARUBIH	2755 MEADOWLARK LN	" "
TREAS	FRANK MOSCATO	2785 WHITE WING LN	" "
VP 1	RICHARD KONTOS	1315 BEAR ISLAND DR	" "
VP 2	BARBARA HAMMOND	1230 BEAR ISLAND DR	" "

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)(l), 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:

Frank Moscato

1/22/04

Date

561-662-1189

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)