

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 FEB 26 AM 8:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 024438

1. Corporation Name

MONTEGO BAY AT BOCA POINTE PROPERTY
OWNERS ASSOCIATION, INC.

2. Principal Office Address

3. Mailing Office Address
C/O Goldman, Juda & Martin
8211 W. Broward Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite PH-1

City & State

City & State

Plantation, FL

Zip

Country

Zip

33324

Country

Broward

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/21/1988

5. FEI Number

65-0026953

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

ST. JOHN, DICKER, KRIVOK & CORE P.A.

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

500 AUSTRALIAN AVE. SOUTH SUITE 600

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

***2007 50 ***

33401

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

David A. Core **DAVID A. CORE, SECRETARY**
REGISTERED AGENT MUST SIGN

Date

FEB 13, 2007

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	BARTEN, RICHARD	22799-G TRELAWNY TERR	Boca Raton, FL 33433
VPD	SAYLES, MARCIA	22760-E MANDERVILLE PL	Boca Raton, FL 33433
TD	CHASHIN, BRUCE	6691-D MONTEGO BAY BLVD	Boca Raton, FL 33433
SD	FERRANTE, LINDA	6776-F MONTEGO BAY BLVD	Boca Raton, FL 33433
D	KILISKY, ED	6712-C MONTEGO BAY BLVD	Boca Raton, FL 33433
D	LOKEITZ, LEN	6749 MONTEGO BAY BLVD	Boca Raton, FL 33433

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:

Richard A. Barten **RICHARD A BARTEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/5/07

Daytime Phone #

954 9634000

CR2E061 (9/00)