


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED
 01 SEP 17 PM 2:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N29337

1. Corporation Name
 Boca Pines Homeowners' Association, Inc.
 W01-19840

2. Principal Office Address
 2035 HARDING ST, #200
 Suite, Apt. #, etc. #200
 City & State HOLLYWOOD, FLORIDA
 Zip 33020 Country BROWARD

3. Mailing Office Address
 same
 Suite, Apt. #, etc.
 City & State
 Zip Country

REINSTATEMENT 99-01

4. Date Incorporated or Qualified To Do Business in Florida
 11/17/1988

5. FEI Number
 65-0085445

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
 DEVELOPMENT CONSULTANTS, INC.
 Street Address (P.O. Box Number is Not Acceptable)
 2035 HARDING STREET
 Suite, Apt. #, Etc. 200
 City HOLLYWOOD

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 *****297.50 *****297.50

State FL Zip Code 33020

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 Carl S. Mill Date 7/16/01
 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	RODNEY POTOLICCHIO	9730 VIA EMILIE	BOCA RATON, FL 33428
VICE PRES	TEOFILO CHAPA	9718 VIA EMILIE	BOCA RATON, FL 33428
TREAS	SCOTT GIMBEL	9694 VIA EMILIE	BOCA RATON, FL 33428
SECT	NANCY SARAZEN	9676 VIA EMILIE	BOCA RATON, FL 33428
DIR	WILLIAM HARRISON	9717 VIA EMILIE	BOCA RATON, FL 33428

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: [Signature] Date 7-12-01 Daytime Phone # 477-4678
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)