

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY -7 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29337

1. Corporation Name
Boca Pines Homeowners' Association, Inc
c/o DCI ASSOCIATION SERVICES
5300 POWERLINE ROAD, SUITE 200-A
FT. LAUDERDALE, FL. 33309

REINSTATEMENT 03-09
100035769711
05/07/04--01078--020 **236.25
100035769711
05/07/04--01078--019 **61.25

2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
	U.S.A.		

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <i>65-0387884</i>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <i>D.C.F. ATT ANDREW MEYROWITZ</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>2035 Harding Street, Suite 200</i>	
Suite, Apt. #, Etc. <i>Holly 200</i>	
City <i>Hollywood, FL</i>	Zip Code <i>33020</i>

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 *[Signature]* Date *1/21/04*

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.	RODNEY POTOLICCHIO	9730 VIA EMILIE	BOCA RATON, FL. 33428
V/PRES.	STAN ORLOWSKI	9712 VIA EMILIE	BOCA RATON, FL. 33428
TREAS.	AMITY BARBOZA	9639 VIA EMILIE	BOCA RATON, FL. 33428
SEC.	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 *1-20-04*

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

CR2E081 (10/02)