PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 11 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500008426615
10/17/02--01053--021 **236.25

DOCUMENT # N35982

1. Corporation Name

Cutter Sound Community Association, Inc.

2. Principal Office Address	**3.** Mailing Office Address
700 SW Map Road	3103 Philmont Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm City, FL	City & State: Huntingdon Valley, PA
Zip: 34990 Country: USA	Zip: 19006 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/05/90

5. FEI Number: 65-0224087 ☐ 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: C T CORPORATION SYSTEM

Street Address (P.O. Box Number Is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Connie Bogan Connie Bogan, Special Asst. Secy. Date: 10-11-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
D/P	Michael Donnelly	5300 W. Atlantic Ave., Suite 300	Delray Beach, FL 33484
D/VP/T	Roger Dalal	5300 W. Atlantic Ave., Suite 300	Delray Beach, FL 33484
VP	Ronald A. Blum	5300 W. Atlantic Ave., Suite 300	Delray Beach, FL 33484
D/S	Eric Finkelberg	5300 W. Atlantic Ave. #300	Delray Beach, FL 33484
		REINSTATEMENT 02	

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: Ronald A. Blum 10.10.02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #