## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REPORATION Kathering Secretary			RTMENT OF STATE rine Harris ary of State corporations	Harris FILED			
DOCUMENT # N 37773  1. Corporation Name  Bonita Blach Improvement Assocs Fro				SECRETARY OF STATE TALLAHASSEE. FLORIDA			
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2. Principal Office Address  Suite, Apt. #, etc.		3. Mailing Office Address 91403 Lonita Bluch Rd. Suite, Apt. #, etc.		9902 UB			
		123		4. Date Incorporated or Qualified To Do Business in Florida			
City & State		Romta Son 195		5. FEI Number Applied For			
ZipCountry		-Zip Country		8. CEDITEICATE OF STATUS DESIRED CT. \$8.75 Additional Fee required			
<u> </u>		34135	ree	l	F STATUS DESIRED   56.75 Additional for a Certification		
Str	Name  Name  Micki GillespiE  Street Address (P.O. Box Number is Not Acceptable)  Laughtin BlvD.  Sulte, Apt. #, Etc.						
City BONITA SPRINGS					State Suppode S4134		
8. I, being appointed the registered agent of the above named corporation, are familiar with and accept the obligation of Registered Agent  REGISTERED AGENT MUST SIGN					507.0505 or 617.0503, F.S. Date 9/ Jan/0	CR2E081 (8/01)	
8. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at leas							
Titles	Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		Clty / State / Zip		
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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 AND TYPED OR PRI	NTED NAME OF SIGNING O	FFCER OR DIRECTOR	/ / / Di	te Daytime Phone#	<del></del>	

Bonita Beach Improvement Association DOC # N37778

Board of Directors - 1/10/02

Pres: Micki Gillespie, 26750 McLauhglin Blvd, BS 34134
V. Pres: Chris Bielski, 27566 Hickory Blvd, Bonita Springs 34134
Sec'y: Art Verick, 25840 Hickory Blvd, BS, 34134
Treasurer: Richard Freeh, 25900 Hickory Blvd. #306, BS, 34134
Board Members:

Pat Ellis, 25840 Hickory Blvd, Bonita Springs, 34134
Lillian Hossler, 26415 Bay Road, Bonita Springs, 34134
John Klosterman, 25825 Hickory Blvd., BS, 34134
Sarah Rouch, Sarah, 25720 Hickory Blvd, BS 34134
Mike Sharp, 27773 Forester Drive, BS 34134
John Van Page, 6004 Cajeput Lane, Bonita Springs 34134
Bob Wagner, 25900 Hickory Blvd, 601, Bonita Springs 34134
Larry Warner,27701 Forester Drive, Bonita Springs 34134



1/10/02

Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Dear Madam or Sir:

We are requesting reinstatement of our not-for-profit corporation, per the attached form.

We are requesting a waiver of past due fees due to the fact that we did not receive any notices. We had a large turnover on our board and also an address change; no one was aware that we needed to complete these forms.

We were advised by your office to send in a check for the amountgof \$275.00, which is enclosed.

Please call us at 941-435-4012 if there are any questions.

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Christine Bielski

Vice President

Bonita Beach Improvement Association 9140 Bonita Beach Road, PMB 123

Bonita Springs, Florida 34135