PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 DEC -7 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000710

1. Corporation Name
MONTEGO BAY AT BOCA POINTE CONDOMINIUM #4 ASSOC INC
W-11435

REINSTATEMENT 80.00

2. Principal Office Address	3. Mailing Office Address
SAME AS #3	C/O GOLDMAN, JUDA, MARTIN & WORK
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	8211 W. BROWARD BLVD STE 310
City & State	City & State
	PLANTATION, FL
Zip / Country	Zip / Country
	33324-2744 BROWARD

4. Date Incorporated or Qualified To Do Business in Florida 2/17/93 SP

5. FEI Number 65-0541583 ☐ 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, ~~CARLTON~~ DICKER, KRIBOK & CORE, P.A.

Street Address (P.O. Box Number is Not Acceptable)
500 AUSTRALIAN AVENUE SOUTH

Suite, Apt. #, Etc.
SUITE 600

City | State | Zip Code
WEST PALM BEACH | FL | 33401-6237

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 _____ Date 8-4-00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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	Suzanne Berman	6776 Montego Bay Blvd "C"	Boca Raton, FL
D	Elec Gafunis	6776 Montego Bay Blvd "H"	" " 33433
D	Rhonda Kaplan	6776 Montego Bay Blvd B/ds	"E" Boca Raton, FL 33433

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****358.75 ****358.75

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: Suzanne Berman Aug. 17, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #