

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 NOV 25 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

N93000003475 (1)

1. Corporation Name  
COCONUTS AT BONAVENTURE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address  
c/o Community Association Services  
951 Boriken Sound Parkway, Ste 250  
Boca Raton, Florida 33487

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

c/o Suite, Apt. #, etc. City & State Zip Country  
GABLES PROPERTY MANAGEMENT, INC.  
3300 CORPORATE AVE., SUITE 110  
WESTON, FLORIDA 33331

3. New Mailing Office Address, If Applicable

c/o Suite, Apt. #, etc. City & State Zip Country  
GABLES PROPERTY MANAGEMENT, INC.  
3300 CORPORATE AVE., SUITE 110  
WESTON, FLORIDA 33331

4. Date Incorporated or Qualified To Do Business in Florida  
08-03-1993

5. FEI Number  
65-0430072

6. CERTIFICATE OF STATUS DESIRED [ ]

Applied For Not Applicable

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 97 NOV 25 11/25/97

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Paul Mancinelli	16641 Hemingway Drive	Weston, Florida 33326
VD	Joy Marks	64 Simonton Circle	Weston, Florida 33326
TD	Chuck Difede	16688 Hemingway Drive	Weston, Florida 33326
SD	Diana Sicarella	66 Simonton Circle	Weston, Florida 33326
D	Mike Burns	74 Simonton Circle	Weston, Florida 33326

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8. Name and Address of Current Registered Agent

Community Association Services, Inc.  
951 Broken Sound Parkway, Ste 250  
Boca Raton, Florida 33487

9. Name and Address of New Registered Agent

Name: Edward Kreiling, Esquire  
Street Address (P.O. Box Number is Not): 2500 Weston Road  
Suite, Apt. #, Etc.: Suite 220  
City: Weston, FL 33331

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN

Date: 11/22/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]

(See other side for information on intangible tax.)

12. 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)(f), 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] 11-22-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CPRE040-12.96