PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07/02 4:30

CORPORATION REINSTATEMENT

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

FILED
02 JUL -2 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N93000004168

1. Corporation Name
Bay Meadow Village Homeowners Association Inc

2. Principal Office Address	3. Mailing Office Address
5980 Winston Trails Blvd	5980 Winston Trails Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth, FL	City & State: Lake Worth, FL
Zip: 33463 Country: Palm Beach	Zip: 33463 Country: Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0586836 ☐ 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: Campbell Property Management
Street Address (P.O. Box Number is Not Acceptable): 5980 Winston Trails Blvd
Suite, Apt. #, Etc.:
City: Lake Worth | State: FL | Zip Code: 33463

CR2E081 (9/01)

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: Bruce Campbell AGENT FOR THE ASSOCIATION Date 6/7/02
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
	President	Jack Fleming	5993 Newport Village Way	Lake Worth, FL 33463
D	Exe. V.P.	Fred Klein	6672 Remington Place	Lake Worth, FL 33463
	V.P.	Norman Kauftheil	6708 Remington Place	Lake Worth, FL 33463
D	Treasurer	Morton Miller	6167 Astoria Drive	Lake Worth, FL 33463
D	Secretary	Bill Lurie	6692 Brookhurst Circle	Lake Worth, FL 33463

$17.50

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/7/02 Daytime Phone #: 561-433-9050