PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 88-97 REINSTATEMENT

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

FILED
97 MAR 31 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714809

1. Corporation Name
BLOWING ROCK CONDOMINIUM ASSOCIATION INC W97-16644

Principal Place of Business	Mailing Address
1500 BEACH ROAD TEQUESTA, FL 33469	103 So. US 1 #F5-135 JUPITER, FL 33477

REINSTATEMENT 88-97

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-2405765 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D-P/K	BARRY BOURNE	1500 BEACH ROAD #101	TEQUESTA, FL 33469
D-VP	DAVE ARMSTRONG	1500 BEACH ROAD #204	TEQUESTA, FL 33469
D-S	GLADYS ASLANIAN	1500 BEACH ROAD #203	TEQUESTA, FL 33469

-04/01/97--01103--007
****787.50 ****787.50

JB 3-31-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: NADINE F. INGLIS
Street Address (P.O. Box Number is Not Acceptable): C/O BRISTOL MANAGEMENT
Suite, Apt. #, Etc.: 103 So US Hwy 1 #F-5-135
City: JUPITER State: FL Zip Code: 33477

CR2E040 (12/96)

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: Nadine F. Inglis Date: 2/24/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ 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)(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: Barry Bourne 2/24/97 561-575-3551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #