

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714809

1. Corporation Name

BLOWING ROCK CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

1500 BEACH RD

Suite, Apt. #, etc.

3. Mailing Office Address

2000 PGA BLVD.

Suite, Apt. #, etc.

SUITE 3206

City & State

TEQUESTA, FL

City & State

PAUM BEACH GARDENS, FL

Zip

33469

Country

Zip

33408

Country

REINSTATEMENT

300168444303

02/10/10--01032--015 **183.75

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

6/20/68

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. Name and Address of Current Registered Agent

Name

ROBERT GHINI

Street Address (P.O. Box Number is Not Acceptable)

2000 PGA BLVD

Suite, Apt. #, Etc

SUITE 3206

City

PAUM BEACH GARDENS

State

FL

Zip Code

33408

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Robert Ghini

Date

2/8/10

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 |
|--------|--------------------------------------|---|--------------------------|
| D | JUDITH WALGREN | 204 WEST BROWNING RD. | HENDERSONVILLE, NC 28797 |
| VD | AMY VOLLMER | 4877 LAKEWAY DR. | DULUTH, MN 55811 |
| D | GRETCHEN MAYNES | 3914 LELAND ST | CHEVY CHASE, MD 20815 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**M. MILLIGAN
EXAMINER**

FEB 10 2010

10. E-mail Address: robert.g@CEDFINANCIAL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

Judith Walgren

JUDITH WALGREN

561-296-5725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CED FINANCIAL GROUP

Tax, Accounting & Financial Services

2000 PGA Blvd., Suite 3206 • Palm Beach Gardens, FL 33408 • (561) 296-5725 • FAX (561) 296-0816
info@cedfinancial.com • www.cedfinancial.com

February 8, 2010

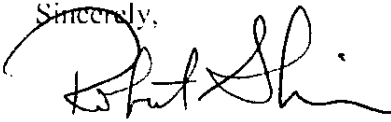
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am writing to you on behalf of Blowing Rocks Condominium Association, Inc. Their previous accountant retired suddenly due to health reasons. He failed to update the mailing information for all of their correspondence.

I am filing for reinstatement and have included payment for the years 2008, 2009 and 2010. I have also included my mailing address for all future correspondence.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Ghini", with a stylized flourish at the end.

Robert Ghini