

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 742969 1. Entity Name BURGUNDY UNIT TWO ASSOCIATION, INC. <div style="text-align: right; font-size: 1.5em; margin-top: 10px;">7409 0000 11831</div>						FILED 09 MAR 23 AM 7:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 4505 3RD STREET CIRCLE W. #271 BRADENTON, FL 34207				Mailing Address 4505 3RD STREET CIRCLE W. #271 BRADENTON, FL 34207			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		582082009 REIN-NP		CR2E099 (1/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2115954		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. 6230 UNIVERSITY PARKWAY, SUITE 204 SARASOTA, FL 34240				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> <div style="text-align: right;">Zip Code</div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____				(NOTE: Registered Agent signature required when reinstating) <div style="text-align: right; font-size: 1.5em;">2/25/09</div> <div style="text-align: right;">DATE</div>			
FILE NOW!!! FEE IS \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNYDER, FREDERICK W. 4512 3RD ST. CR., W.#318 BRADENTON, FL 34207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SANDRA SNYDER 4512 3RD ST CIR W #318 BRADENTON FL 34207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES SABELLA, WALTER 607 60TH ST NW BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS JOHN KAUFELD 4508 3RD ST CIR W #503 BRADENTON FL 34207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, CRAIG 4505 3RD STREET CIRCLE W. #271 BRADENTON, FL 34207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/CFO CRAIG ANDERSON 7308 WOODHOLLOW COURT TAMPA FL 33634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCO JACKSON, MURRAY 4505 3RD STREET CIRCLE W. #271 BRADENTON, FL 34207	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL MOHAMMAD FARAKISH 3114 HERON SHORES DR VENICE FL 34293 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAL FARAKISH, MOHAMMAD 370 G3 LAKES LANE VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 2em; font-weight: bold;">REINSTATEMENT</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.5em; font-weight: bold;">500145571985</div> <div style="text-align: center;">03/11/09--01026--030 **122.50</div>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE _____				03/19/09 (941) 753-1957 <div style="text-align: right;">Date</div> <div style="text-align: right;">Daytime Phone #</div>			