

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 JUL 22 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744005

1. Corporation Name

Bona Vista Two
Condominium Association
7150 INDIAN CREEK DRIVE
MIAMI BEACH, FLORIDA 33141

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

3. Mailing Office Address

Same

Suite -
Boni Vista Two
Condominium Association
7150 Indian Creek Drive
Miami Beach FL 33141

Suite, Apt. #, etc.

City & State

Zip Country

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

1978 year

5. FEI Number

NA

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

Ted Boguski

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

7150 Indian Creek Dr. # 206

Suite, Apt. #, Etc

206

City

Miami Beach

State

FL

Zip Code

33141

600209955146
07/22/11--01041--013 **70.00

600209955146
07/13/11--01026--013 **236.25

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

T. Boguski BOGUSKI
REGISTERED AGENT MUST SIGN

Date 07/11/11

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
Pres.	Liora Giron, Ramati	# 404 7150 Indian Creek Dr.	33141 Miami Beach, FL.
Pres.	Margaret H. Manning	# 401 "	"
V. Pres	Ted Boguski	# 206 "	"
REINSTATEMENT		2077.50	
2010-11			

10. E-mail Address: none

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

T. Boguski BOGUSKI

07/11/11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SA 7/25/11