

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

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

FILED

01 APR 16 PM 4:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **M46317**

1. Corporation Name
**Building 8 of Country Club Apartments
 at Bonaventure 32 Condominium
 Association**

800004082398--3

-04/26/01--01109--003
 *****70.00 *****70.00

2. Principal Office Address
541 S. State RD 7

3. Mailing Office Address
541 S. State RD 7

Suite, Apt. #, etc.
12

Suite, Apt. #, etc.
-12

City & State
Margate FL

City & State
Margate FL

Zip Country
33068 USA

Zip Country
33068 USA

7/17/00 90001/040 \$61.25

4. Date Incorporated or Qualified To Do Business in Florida
 5. IPE Number
59-1139600

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
Phoenix Management Services INC
 Street Address (P.O. Box Number is Not Acceptable)
541 S. STATE RD 7
 Suite, Apt. #, Etc.
Suite 12
 City
margate

State Zip Code
FL 33068

LS

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
Deey Fudman
 REGISTERED AGENT MUST SIGN

Date **3/9/01**

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.	Sid Shuster	16401 Golf Club RD #212	Weston FL 33068
D	John Chace	16401 Golf Club RD #209	Weston FL 33068
D	Marilyn Cotler	16401 Golf Club RD #358	Weston FL 33068
D	Moris Weinstein	16401 Golf Club RD #105	Weston FL 33068
D	Helene Miller	16401 Golf Club RD	Weston FL 33068

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: **Sidney Schuster** **Sidney Schuster** 04-06-01
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)

PHOENIX MANAGEMENT SERVICES, INC.
541 S. STATE ROAD 7
SUITE 12
MARGATE, FLORIDA 33068

20/2

March 27, 2001

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: Building 8 of Country Club Apartments at Bonaventure

To whom this may concern,

I spoke with your representative in reference to filing in the year 2000. There was a check sent to you and it was cashed in July 2000. However the form was not filled out correctly. I am submitting a reinstatement form filled out and signed. I feel that any reinstatement fee's should be waived because we did send payment for this form.

I am also enclosing another check for the year 2001 to file.

Thank you for your cooperation in this matter.

Sincerely,
Phoenix Management Services, Inc.



Pam Costin
Accounts Payable