PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -6 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751368

1. Corporation Name
BEL MARRA CONDOMINIUM ASSOCIATION, INC.

400008834354
11/06/02--01113--010 **236.25
REINSTATEMENT 02

2. Principal Office Address	**3.** Mailing Office Address
2200 N. FEDERAL Highway	2200 NORTH FEDERAL Hwy.
Suite, Apt. #, etc.: Suite 212	Suite, Apt. #, etc.: Suite 212
City & State: Boca Raton, FL.	City & State: Boca Raton, FL.
Zip: 33431 Country: USA	Zip: 33431 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/4/80

5. FEI Number: 592035341 ☐ 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: LENNIE PLAZURE
Street Address (P.O. Box Number is Not Acceptable): 2200 N. Federal Highway
Suite, Apt. #, Etc.: Suite 212
City: Boca Raton | State: FL | Zip Code: 33431

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: [signature] REGISTERED AGENT MUST SIGN Date 10/30/02

CR2E081 (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
P/D	Harold Chaffee	660 Dover Street A20	Boca Raton, FL. 33487
T/D	Mary Heilig	660 Dover Street A10	Boca Raton, FL. 33487
S/D	Karen Smith	660 Dover Street A11	Boca Raton, FL. 33487
D	Beverly Shapiro	660 Dover Street A19	Boca Raton, FL. 33487
D	James Pratillo	660 Dover Street A9	Boca Raton, FL. 33487

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: Harold Chaffee 11/4/02 561-347-1494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jy 11/13/02