PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 AUG 13 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Corporation Name
Bogey Side Condominium Association, Inc

2. Principal Office Address	**3.** Mailing Office Address
1321 SW 16th Terr	
Suite, Apt. #, etc.: #201	Suite, Apt. #, etc.
City & State: CAPE CORAL FL	City & State
Zip: 33991 Country: US	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 9-9-82

5. FEI Number: 517396262 ☐ 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: GAIL COLLIN
Street Address (P.O. Box Number is Not Acceptable): 1321 SW 16th Terr
Suite, Apt. #, Etc.: #201 REINSTATEMENT 00-01 W0
City: CAPE Coral State: FL Zip Code: 33991

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: Gail Collin
REGISTERED AGENT MUST SIGN
Date: 7/17/01

CR2E081 (9/00)

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	GAIL COLLIN D	1321 SW 16th Terr, #201	CAPE CORAL, FL 33991
VP	TED KONOFLE D	1321 SW 16th Terr, #202	CAPE Coral, FL 33991
Sec	Amy COLONY D	1321 SW 16th Terr #102	CAPE Coral, FL 33991

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: Gail Collin GAIL COLLIN President 7/17/01 941-910-4714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #