PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUL 31 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT #

1. Corporation Name
Bikini Basin Condominium Association, Inc.
769942

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
15860 Dorset Ln.	15860 Dorset Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Myers, FL	City & State: Ft. Myers, FL
Zip: 33908 Country: USA	Zip: 33908 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: Aug 15 1983

5. FEI Number: 592398464 ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Colin Hutt

Street Address (P.O. Box Numbers Not Acceptable): 1712 Bikini Court

Suite, Apt. #, Etc.:

City: Cape Coral State: FL Zip Code: 33904

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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: C. Hutt Date: JULY 26TH 2002

REGISTERED AGENT MUST SIGN

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
D/P	Malcolm Doney	15860 Dorset Lane	Ft. Myers, FL 33908
D/V	Valerie Doney	15860 Dorset Lane	Ft. Myers, FL 33908
D/S	Colin Hutt	1712 Bikini Ct.	Cape Coral, FL 33904

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: C. Hutt JULY 26TH 2002 239 590 9660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COLIN HUTT

ps Phillie