

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY 27 PM 4:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N00464**

**1. Corporation Name**

BOCA RIO MASTER HOMEOWNERS' ASSOCIATION, INC.

**2. Principal Office Address**

c/o 200 South Biscayne Boulevard

Suite, Apt. #, etc.

Suite 4000

City & State

Miami, Florida

Zip

33131

Country

U.S.

**3. Mailing Office Address**

c/o 200 South Biscayne Boulevard

Suite, Apt. #, etc.

Suite 4000

City & State

Miami, Florida

Zip

33131

Country

U.S.

**REINSTATEMENT 87-04**

*MRB*

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

☒ 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

CORPORATE INTERNATIONAL REGISTERED AGENTS, INC.

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

200 SOUTH BISCAYNE BOULEVARD

Suite, Apt. #, Etc.

SUITE 4300

City

MIAMI

State

FL

Zip Code

33131

**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

*Elizabeth H. Gleaton*  
ELIZABETH H. GLEATON

REGISTERED AGENT MUST SIGN

*Elizabeth H. Gleaton*  
REGISTERED AGENT

Date 5/27/04

**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	STEVEN A. LEAFFER	8181 E. TUFTS AVE., STE. 510	DENVER, CO 80237
D	MICHAEL A. FEINER	200 SPRUCE ST., SUITE 200	DENVER, CO 80230
T/D	WILLIAMS S. O'CONNELL	500 VICTORY ROAD	NORTH QUINCY, MA 02171
S	KEITH M. POCKROSS	1200 17TH STREET, STE. 2400	DENVER, CO 80202

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06/07/04--01070--019 \*\*1277.50

**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)(f), 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.**

*David Landon*  
David Landon

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President and Director at the time of dissolution

Date

5-19-04

Daytime Phone #

954-428-7884

CFR2001 (01/04)