PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 OCT 24 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001749

1. Corporation Name
BELLA VISTA GULFCOAST HOMEOWNER'S ASSOCIATION, INC.

REINSTATEMENT 02

2. Principal Office Address	3. Mailing Office Address
1499 W. Palmetto Park Rd.	1499 W. Palmetto Park Road
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33486 Country: USA	Zip: 33486 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/13/2001

5. FEI Number: 59-3461157 ☐ 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: Daniel Kodsi

400008563944
10/24/02 01071 004 **236.25

Street Address (P.O. Box Number is Not Acceptable): 1499 W. Palmetto Park Road

Suite, Apt. #, Etc.: Suite 200

City: Boca Raton State: FL Zip Code: 34134

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: _____ Date: 10/23/02
REGISTERED AGENT MUST SIGN

CR2E061 (5/01)

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	KODSI, DANIEL	1499 W. PALMETTO PARK ROAD SUITE 200	BOCA RATON FL 33486
D	TENKIN, DAVID	1499 W. PALMETTO PARK ROAD SUITE 200	BOCA RATON FL 33486
D	GOLDFARB, STEVEN	1499 W. PALMETTO PARK ROAD SUITE 200	BOCA RATON FL 33486

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: _____ Daniel Kodsi 10/23/02 561-347-6844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #