

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO1000003276

1. Corporation Name

BRIAN BAY COMMUNITY ASSOCIATION, INC.

100024101801
10/27/03--01018--005 **236.25

2. Principal Office Address

322 NE 3rd St.

Suite, Apt. #, etc.

3. Mailing Office Address

322 NE 3rd St.

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33435

Country

US

City & State

Boynton Beach, FL

Zip

33435

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

5/09/2001

5. FEI Number

54-2048997

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

Mark Kassa

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

322 NE 3rd St.

Suite, Apt. #, Etc.

City

Boynton Bch

State

FL

Zip Code

33435

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the provisions of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11 03 03

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
<u>P/D</u>	<u>Mike Schack</u>	<u>4788 W. Commercial Blvd.</u>	<u>TAMARAC, FL 33319</u>
<u>VP/D</u>	<u>Matt Bottorff</u>	<u>600 Corporate Dr. #102</u>	<u>FL. Lauderdale, FL 33334</u>
<u>S/D</u>	<u>Candice Sharpsteen</u>	<u>1192 E. NEWPORT CT, #150</u>	<u>Deer Field Bch, FL 33442</u>
<u>T/D</u>	<u>Kim Spand</u>	<u>9485 SW 72nd St, A205</u>	<u>Miami, FL 33173</u>
<u>D</u>	<u>David Colgrove</u>	<u>2825 Unversity Dr, ste 300</u>	<u>Coral Springs, FL 33065</u>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03 5144844860

Date

Daytime Phone #

CR2E081 (10/02)