PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -5 AM 9:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000005755

REINSTATEMENT 03-04

1. Corporation Name

CARIBBEAN AT BOCA BAYOU CONDOMINIUM ASSOCIATION, INC

2. Principal Office Address	3. Mailing Office Address
2 Royal Palm Way	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State
Zip: 33432 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/14/2001

5. FEI Number: 03-0458115 ☐ 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: GARY A. POLIAKOFF

Street Address (P.O. Box Number is Not Acceptable): 3111 Stirling RD.

600025987556
01/05/04--01051--009 **306.25

Suite, Apt. #, Etc.

City: FT. LAUDERDALE, FL State: FL Zip Code: 33312

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: [signature] Date: 12-11-03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PD	DANIEL SLATER	2975 Brighton-Henrietta Townline RD#110	Rochester, NY 14623
VD	MARTIN E. SLATER	2975 Brighton-Henrietta Townline RD#110	Rochester, NY 14623
STD	CHRISTOPHER R. MAGUIRE	27 Royal Palm Way #27303	Boca Raton, FL 33432

10. I certify that I am an officer or director of the corporation 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] 12/11/03 585-746-5885

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