PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 JUN 28 PM 12:25

TALLAHASSEE, FLORIDA

900182678089
06/28/10--01041--005 **367.50

REINSTATEMENT 08-10

CR2E081 (6/10)

DOCUMENT # N01000008003

1. Corporation Name
Bumby Point Neighborhood Assoc. Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
24 Pine St	24 Pine St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Windermere FL.	City & State: Windermere, FL.
Zip: 34786 Country: USA	Zip: 34786 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11-13-01

5. FEI Number: 02-0609805 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: X $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: FRANK A. BUONAURO JR

Street Address (P.O. Box Number is Not Acceptable): 24 Pine St.

Suite, Apt. #, Etc.:

City: Windermere State: FL Zip Code: 34786

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: Frank A Buonauro Jr (REGISTERED AGENT MUST SIGN) Date: 6-25-10

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
PRES.	FRANK A BUONAURO Jr	24 Pine St	Windermere, FL. 3478
SECT.	Reeta Casey	16 Pine St.	Windermere, FL. 34-78

10. E-mail Address: FAB MANAGEMENT @ EARTHLINK. Net.
(To be used for future annual report notification)

11. 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. I further certify, 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: Frank A Buonauro Jr 6-25-10 407 876-3595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/30