PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
02 DEC -5 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000008316

1. Corporation Name

BELVEDERE PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~3204 SAWGRASS VILLAGE CIR~~ ~~PONTE VEDRA BCH FL 32082~~	~~3204 SAWGRASS VILLAGE CIR~~ ~~PONTE VEDRA BCH FL 32082~~

REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3160 TIMBERLAKE PT	3160 TIMBERLAKE PT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PONTE VEDRA BEACH FL	City & State: PONTE VEDRA BEACH FL
Zip: 32082 Country: U.S.A.	Zip: 32082 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 11/21/2001

5. FEI Number: 59-3742405 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	KAHN, PAUL G	~~3204 SAWGRASS VILLAGE CIR~~ 138 BELVEDERE PL	PONTE VEDRA BCH FL 32082
D	KAHN, CATHLEEN M	~~3204 SAWGRASS VILLAGE CIR~~ 138 BELVEDERE PL	PONTE VEDRA BCH FL 32082
D	HUTTO, DIANE	~~3204 SAWGRASS VILLAGE CIR~~ 138 BELVEDERE PL	PONTE VEDRA BCH FL 32082

500008940765
11/12/02--01109--012 **245.00

8. Name and Address of Current Registered Agent

DAVID A. BINGEMANN
GOLDCON ENTERPRISES, INC.
3204 SAWGRASS VILLAGE CIR
PONTE VEDRA BCH FL 32082

9. Name and Address of New Registered Agent

Name: ~~BELVEDERE PLACE HOMEOWNERS ASSOC~~
Street Address (P.O. Box Number is Not Acceptable): 3160 TIMBERLAKE PT
Suite, Apt. #, Etc.:
City: PONTE VEDRA BEACH State: FL Zip Code: 32082

CR2E040 (01/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

David A. Bingemann 11/30/02

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 11/7/02

REGISTERED AGENT MUST SIGN

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 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 REQUIRED PAUL G. KAHN PRESIDENT — 11/7/02 — 415-291-9561

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