

APR-30-2004 FRI 03:32 PM ACCOUNTING OFFICES

FAX NO. 954 974 0300

P. 11

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 JUN 16 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # NO2000003030					
1. Corporation Name Blue Water Townhouses Homeowners Association, Inc.					
2. Principal Office Address 1020 S. Federal Hwy Suite, Apt. #, etc. 102			3. Mailing Office Address JANE AS Principal Suite, Apt. #, etc.		
City & State Delray Beach, FL			City & State		
Zip 33483		Country USA			

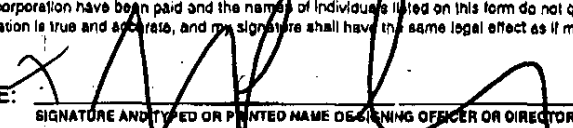
REINSTATEMENT 03-04
200037666702
06/04/04--01035--018 **81.25

4. Date Incorporated or Qualified To Do Business in Florida 04/18/02	
5. FEI Number N/A	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 Jon-Peter Dimisa	
Street Address (P.O. Box Number is Not Acceptable) 1020 S. Federal Highway Suite #102	
Suite, Apt. #, Etc.	
City Delray Beach	State FL
	Zip Code 33483

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 4/30/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	FRANK M. DIMISA	1020 S. Federal Hwy #102	Delray Beach, FL
VD	Jon Peter Dimisa	1020 S. Federal Hwy #102	Delray Beach, FL
SD	Layni Dimisa	1020 S. Federal Hwy #102	Delray Beach, FL

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 118.07(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: 	Date 4/30/04 561 395 2130 Daytime Phone #

CR2E03 (01/04)