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

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000003030

1. Corporation Name
BLUE WATER TOWNHOUSES HOMEOWNERS ASSOCIATION, INC. RE: REINSTATEMENT 03-04

200037666702
06/04/04--01035--018 **61.25

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06/04/04--01035--018 **25

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 1020 S. Federal Hwy | SAME AS Principal |
| Suite, Apt. #, etc.: 102 | Suite, Apt. #, etc. |
| City & State: Delray Beach, FL | City & State |
| Zip: 33483 Country: USA | Zip Country |

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: X _____ Date: 4/30/04
REGISTERED AGENT MUST SIGN

CR2E031 (01/04)

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 | FRANK M. DiMISA | 1020 S. Federal Hwy #102 | Delray Beach FL |
| VD | Jon Peter DiMISA | 1020 S. Federal Hwy #102 | Delray Beach FL |
| SD | Jayni DiMISA | 1020 S Federal Hwy 102 | Delray Beach, FL |
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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: X _____ 4/30/04 561 395 2130
SIGNATURE AND TYPED OR PRINTED NAME DESIGNATING OFFICER OR DIRECTOR — Date — Daytime Phone #