## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	9)	TMENT OF State	STATE		FILED 09 SEP 17 PM 1:44	
DOCUMENT # N02000003030  1. Corporation Name  BLUE WATER TOWNHOUSES  HOMEOWNERS ASSOCIATION, INC.				ALLAHASSEE FLORIDA ( REINSTATEMENT 200160766122		
,		Office Address  Monterey Road , etc.		09/17/0901037016 **490.00  CR2E081 (12/08)		
City & State  City & State  Boca Raton, Florida  Stuart, F				To Do Busi	o Do Business in Florida 4/18/2002  El Number Applied For Not Applied by	
2ip Country 33431 US	Zip 34996-3351	Country		6. CERTIFICATE OF STATUS DESIRED  \$8.75 And to out Fee bequired for a Certificate of Status		
Name Robert S. Kramer, Esquire  Street Address (P.O. Box Number is Not Acceptable) 2300 SE Monterey Road  Suita, Apt. #, Etc. Suite 100  City Stuart  State Site State S			}	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be walved.		
Signature of Registered Agent Date 9/14/09  REGISTERED AGENT MUST SIGN						
9. Names and Street Addresses of Each Officer a	nd/or Director (Florida nonpr	ofit corporations m	iust list at lea	ist 3 directors)		
Titles Name of Street Address of Ea Officers and/or Directors Officer and/or Direct					City / State / Zip	
D Roy M. Warren		2400 SE Monterey Road, #100		100	Stuart, FL 34996	
D Ronald J. Brown 2400 SE Monterey Road, #			Road, #1	100	Stuart, FL 34996	
D Thomas P. Olson	2400 9	2400 SE Monterey Road, #100			Stuart, FL 34996	
		<del></del> .				
10. Leartify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 517, F.S. I further certify that when filling 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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shell have the same legal effect as if made under oath.  SIGNATURE:  SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Da						