

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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08 JUL 31 AM 8:33


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/31/08--01032--014 **796.25

700133823317
07/31/08--01032--015 **8.75

REINSTATEMENT 96-08

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13334

1. Corporation Name
The Bathhouse Owners Association, Inc.

2. Principal Office Address - No P.O. Box #
1564 Blue Point Ave.
Suite, Apt. #, etc.

3. Mailing Office Address
1564 Blue Point Ave
Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Naples, FL

Zip Country
34102 Collier

Zip Country
34102 Collier

4. Date Incorporated or Qualified To Do Business in Florida 02/06/1986

5. FEI Number 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 Steven R. Cere

Street Address (P.O. Box Number is Not Acceptable)
1564 Blue Point Ave.

Suite, Apt. #, Etc.

City State Zip Code
Naples FL 34102

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 waived.

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 [Signature] Date 7/28/08

REGISTERED AGENT MUST SIGN

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
P	Steven R. Cere	1564 Blue Point Ave	Naples, FL 34102
VP T	Richard K. Byrne	1568 Blue Point Ave	Naples, FL 34102
VP S	Charletta M. Wallen	1570 Blue Point Ave.	Naples, FL 34102
VP	Matthew R. Chadwick	1560 Blue Point Ave	Naples, FL 34102
VP	Martin R. Edwards	1566 Blue Point Ave	Naples, FL 34102
VP	John S. Wellum	1562 Blue Point Ave	Naples, FL 34102

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 contained in Chapter 119, 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] Date 7/28/08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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