. X

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			<b>K</b> a Se	EPARTMENTOF STAT Itherine Harris cretary of State ON OF CORPORATIONS	ΓE	FILEG SECRETARY OF STATE SIVISION OF CORPORATIONS OI JAN 30 PM 4: 25		
DOCUMENT # N19425  1. Corporation Name  BASSETT CREEK NORTH HOMEOWNERS ASSOCIATION, INC.							7 23	
· .		ess an Blvd.	3. Mailing Office Address 310 SW Ocean Blvd. Suite, Apt. #, etc.		4. Date Inco	REINSTATEMENT 68-07 A. Date Incorporated or Qualified To Do Business in Florida 1 087		
Stuart, Florida Zip Country 34994 USA			City & State Stuart, Zip 34994	Florida Country USA	5. FEI Numb	5. FEI Number Applied For Not Applicable		
0498		USA		te and Address of Current Reg	istered Agent		Tor a certificate of Status	
·	Name   Frederick G. Sundheim Jr.							
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 REGISTERED AGENT MUST SIGN  Date 1/26/01								
9. Names	and Street A	ddresses of Each Officer and						
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip		
D	Eckley Coxe			2 Bassett Creek Trail		Hobe Sound, FL 33455		
D	George Tilghman			4 Bassett Creek Trail		Hobe Sound, I	L 33455	
D	Frederick G. Sundheim Jr.			310 SW Ocean Blvd.,		Stuart, FL 34994		
				·	•	Bilor		
<u>``</u> {		· ·			· · · · · · · · · · · · · · · · · · ·	1 41		

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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERICK G. SWOMEIN JR 01/26/0

561-287-0600 Daytime Phone # CR2E081 (9/00