

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

2008 JAN -2 PM 12: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N24213

1. Corporation Name

BEAU RIVAGE HOME OWNERS ASSOCIATION INC.

2. Principal Office Address - No P.O. Box #

128 EVERGLADES BLVD.  
Suite, Apt. #, etc.

3. Mailing Office Address

128 EVERGLADES BLVD.  
Suite, Apt. #, etc.

City & State

STUART, FL.

City & State

STUART, FL.

Zip

34994

Country

USA

Zip

34994

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

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

VINCENT McMANUS

Street Address (P.O. Box Number is Not Acceptable)

128 EVERGLADES BLVD.

Suite, Apt. #, Etc.

STUART, FL.

City

STUART, FL.

State

FL

Zip Code

34994

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

Vincent McManus

REGISTERED AGENT MUST SIGN

Date 12-22-07

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	JACK DE BELL	109 ST. LUCIE LN.	STUART, FL. 34994
VD	JOSEPH GILLMAN	111 ST LUCIE LN	STUART, FL. 34994
TD	VINCENT McMANUS	128 EVERGLADES BLVD	STUART, FL. 34994
SD	JOAN DUTTON	203 EVERGLADES BLVD.	STUART, FL. 34994

**REINSTATEMENT 2007**

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:

Vincent McManus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-22-07

Daytime Phone #

400114873664

01/14/08--01003--001 \*\*122.50

72-335-1650