

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

APPLICATION
FOR (97)
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 NOV -5 PH 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26039

1. Corporation Name

BAYBRIDGE AT RAINBOW LAKES HOMEOWNERS
ASSOCIATION, Inc.

Principal Place of Business

Mailing Address

c/o Associated Property Management
400 South Dixie Highway, Suite 10
Lake Worth, FL 33460

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/26/1988	
City & State		City & State		5. FEI Number	
Zip		Country		65-0150750	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$6.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D&PD	Severin Swenson	5216 Lansdowne Circle	Boynton Beach, FL 33437
D&VP	Mark Raynor	5356 Lansdowne Circle	Boynton Beach, FL 33437
D&S	Paul Warner	5152 Lansdowne Circle	Boynton Beach, FL 33437
D&T	Juan M. Roldan	8881 Odell Circle	Boynton Beach, FL 33437
D	Wallace Berndtson	6413 Lansdowne Circle	Boynton Beach, FL 33437

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
David C. Rosenthal c/o CMD Management 3082 Jog Road Lake Worth, FL 33467		Name ASSOCIATED PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 400 South Dixie Hwy., Suite, Apt. #, Etc. Suite 10 City Lake Worth State FL Zip Code 33460	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [Signature] Date: 10/29/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: [Signature] Severin Swenson, President Date: _____ (561) 874-7888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #