PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 APR

FILED
97 NOV 24 AM 11:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N27777

1. Corporation Name

LA BONNE VIE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2200 NORTH FEDERAL HWY. SUITE 212 BOCA RATON FL 33431 US	2200 NORTH FEDERAL HWY. SUITE 212 BOCA RATON FL 33431 US

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 08/08/1988

5. FEI Number: 65-0071882 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~PD~~ VPD	SCAN LON-SILLS, FRAN	4600 WEST MCNAB ROAD #B2	POMPANO BEACH FL
SD	HARLEY, FREDEREICKA	4600 WEST MCNAB ROAD #B2	POMPANO BEACH FL
TD	~~DESTEFANO, COOKIE~~ Cascella, Anthony	~~4630 WEST MCNAB RD. #B2~~ 4620 West McNab Rd. #D2	POMPANO BEACH FL
~~VPD~~ PD	~~RODI, ALICE~~ Bullard, Jim	~~1280 S.W. 36TH AVENUE, SUITE 301~~ 4620 W. McNab Rd. #A1	POMPANO BEACH FL
VPD	HOWELL, BARB	4600 WEST MCNAB RD. #D2	POMPANO BEACH FL

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8. Name and Address of Current Registered Agent

SCAN LON-SILLS, FRAN
1280 S.W. 36TH AVENUE
SUITE 301
POMPANO BEACH FL 33069

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/97)

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: Fran Scanlon Sills Date: 11/21/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on Intangible tax.) NO

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: Jim Bullard, President — 11/21/97 — 561-347-1494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #