

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 MAR 24 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

-14

CR2E081 (11/10)

DOCUMENT # N31182

1. Corporation Name
Coral Bay at Boca Chase Homeowners Association, Inc.

2. Principal Office Address - No P.O. Box # <u>1037 State Road 7</u>		3. Mailing Office Address <u>1037 State Road 7</u>	
Suite, Apt. #, etc. <u>Suite 302</u>		Suite, Apt. #, etc. <u>Suite 302</u>	
City & State <u>Wellington, FL</u>		City & State <u>Wellington, FL</u>	
Zip <u>33419</u>	Country <u>USA</u>	Zip <u>33419</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>3/19/1989</u>	Applied For <input type="checkbox"/>
5. FEI Number <u>650318739</u>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Randall K. Roger & Associates, P.A.

Street Address (P.O. Box Number is Not Acceptable)
621 NW 53rd Street

Suite, Apt. #, Etc.
Suite 300

City
Boca Raton

State
FL

Zip Code
33487

600258188856
03/24/14--01037--018 **35.00

600258188856
03/24/14--01037--017 **236.25

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 3/21/14

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	Lynch, Maria	18183 Clearbrook Circle	Boca Raton, FL 33498
T	Mottola, Edward	18281 Fresh Lake Way	Boca Raton, FL 33498
D	Erro, Jennifer	18149 Clearbrook Circle	Boca Raton, FL 33498
D	Mai moni, Barbara	18252 Clearbrook Circle	Boca Raton, FL 33498
VP/AD	Stellino, Gina	18183 Clearbrook Circle	Boca Raton, FL 33498
S	Stephanie O'Brien	18365 Fresh Lake Way	Boca Raton, FL 33498

10. E-mail Address: LSTERN@CAMS-PROPMGT.COM
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: [Signature] Maria Lynch Date 3/21/14

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 24 2014

M. WILLIAMS