
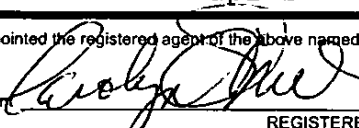
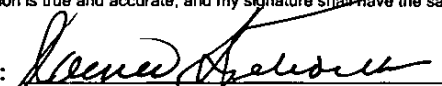


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 AUG 24 PM 2: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # N34440			
1. Corporation Name Sea Pines II at Bay Forest Condominium Association, Inc.			
2. Principal Office Address 15212 Majorca Bay Drive		3. Mailing Office Address 15212 Majorca Bay Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34110	Country USA	Zip 34110	Country USA
		4. Date Incorporated or Qualified To Do Business in Florida 10/2/1989	
		5. FEI Number 650246291	Applied For <input type="checkbox"/> Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Carolyn Nielsen		400079520354 09/06/06--01035--007 **61.90	
Street Address (P.O. Box Number is Not Acceptable) 15186-2 Majorca Bay Drive		400079520354	
Suite, Apt. #, Etc.		09/06/06--01035--008 **297.50	
City Naples		State FL	Zip Code 34110
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 		Date 8/14/06	
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/D	James Teborek	635 Glenwood Lane LaGrange	LaGrange, IL 60525
S/D	Pat Pino	Drive 15174-2 Majorca Bay /	Naples, FL 34110
D	Joe Fedelem	Drive 15198-2 Majorca Bay /	Naples, FL 34110
D	John Hutnick	15210-1 Majorca Bay Drive	Naples, FL 34110
T	Carolyn Nielsen	Drive 15186-2 Majorca Bay /	Naples, FL 34110
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:  James S. Teborek		8/14/06 208/5795323	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #