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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : FILINGS, INC.
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Phone : (850) 385-6735
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CORPORATION REINSTATEMENT

THE BLUFFS MARINA ASSOCIATION, INC.

Certificate of Status	1
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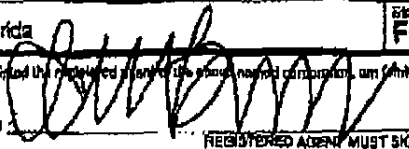

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 09 MAR -9 PM 3: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N34625					
1. Corporation Name The Bluffs Marina Association, Inc.					
3. Principal Office Address - No P.O. Box # 1320 Tidal Pointe Blvd.			2. Mailing Office Address 1320 Tidal Pointe Blvd.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Jupiter, Florida			City & State Jupiter, Florida		
Zip 33477	Country USA	Zip 33477	Country USA	4. Date incorporated or Qualified To Do Business In Florida 10-10-88	
7. Name and Address of Current Registered Agent Name Christopher J. Baker Street Address (P.O. Box Number is Not Acceptable) 1320 Tidal Pointe Blvd. Suite, Apt. #, etc. City Jupiter, Florida State FL Zip Code 33477				5. FEI Number 58 2762877 Applied For Not Applicable	
8. I, being appointed the registered agent of the above named corporation, am (initial with and accept the obligations of section 607.0006 or 617.0602, F.S.				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> Full Report for chapter 607 <input type="checkbox"/> Formal Report for chapter 617	
Signature of Registered Agent  REGISTERED AGENT MUST SIGN				Date MARCH 6, 2009	
9. Names and Street Addresses of Each Officer and/or Director (For the complete corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PD	Christopher J. Baker	1320 Tidal Pointe Blvd.		Jupiter, Florida 33477	
D	Walter L. Morgan	693 S. Federal Highway, Suite 400A		Fort Lauderdale, Florida 33301	
D	Angelo Gallotti	27370 Winding Way		Malibu, CA 90265	
10. I certify that I am an officer or director of 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 requirements of section 607.0001 or 617.0401, F.S., and all fees owed by the corporation have been paid. The names of individuals listed on this form do not qualify for an exemption pursuant to Chapter 118, 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 AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date MARCH 6, 2009 (50) 722 6727	

[Handwritten initials]

REINSTATEMENT 07-09
CORPORATION (1209)

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.

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