

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **297.50**

APPLICATION FOR REINSTATEMENT



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

FILED

97 OCT 28 AM 11:15
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # N94000005507

1. Corporation Name

BERMUDA CLUB EAST AT THE PLANTATION OWNER'S ASSOCIATION, INC.

W97-22889

Principal Place of Business

Mailing Address

**290 COCOANUT AVENUE
 SARASOTA, FL 34236**

SAME

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

96-9700

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.		November 7, 1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0764447	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

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
PRES SECT	RONALD MUSTARI	888 BLVD OF THE ARTS	SARASOTA, FL 34236
V.P.	JOANNE MUSTARI	888 BLVD OF THE ARTS	SARASOTA, FL 34236
	<i>Donald Lichter</i>	<i>290 Coconut Ave</i>	<i>Sarasota, FL 34236</i>
			<i>900002332919--7</i>
			<i>10/29/97-01099-001</i>
			<i>***306.25 ***306.25</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RONALD MUSTARI 290 COCOANUT AVENUE SARASOTA, FL 34236		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL Zip Code

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 *Ronald Mustari* **President**
 REGISTERED AGENT MUST SIGN

Date *9/20/97*

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: *Ronald Mustari*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *9/31/97*

Daytime Phone #

CR20040 (12/96)