

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 NOV 26 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/26/07--01047--004 **428.75

REINSTATEMENT 01-07
CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004537

1. Corporation Name

Grand Cay Estates of Boca Highland Yacht Basin Property Owners' Association, Inc.

2. Principal Office Address - No P.O. Box #

6464 Bellamalfi Street

3. Mailing Office Address

6464 Bellamalfi Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33496

Country

US

Zip

33496

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

09-22-1995

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jeffrey A. Levine

Street Address (P.O. Box Number is Not Acceptable)
6751 N Federal Highway

Suite, Apt. #, Etc.

301


City
Boca Raton

State
FL

Zip Code
33487

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.

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  REGISTERED AGENT MUST SIGN

Date 11/21/07

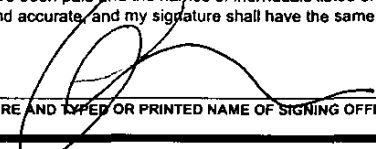
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Gary Gordon	6464 Bellamalfi Street	Boca Raton, Florida 33496

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 GARY GORDON, 11/21/07 561/338-8900
PRESIDENT Date Daytime Phone #

11/29/07