PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	The state of the s
REINSTATEMENT		07 APR 30 AH 8: 01
DOCUMENT # N9500005138		TURE FANY OF STATE LLAHASSEE, FLORIDA
North Bay Colony Condominjum Association, 200 Loo Bay Colony DRIVE North Juno Beach, FL 33408 Wor-19141		300103044803 05/23/07-01003-006 **236.25 300103044803 05/23/07-01003-007 **113.75 REINSTATEMENT 05-07
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address		30010 32044
Suite, Apt. #, etc.	Suite, Apt. #, etc.	05/23/0701003008 **8.75
City & State	City & State	4. Date Incorporated or Qualified To Do Business in Florida /c/3//1995
Juno Beach	FL_	5. FEI Number Applied For Not Applicable
33408 Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Thomas J. Bell		The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable) 300 RAV Collaby North DEIVE		the prior notices. By checking this box, you
Suite, Apt. #, Etc.		are certifying the prior notices were not received and requesting the reinstatement
City Juno Beach	State	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 61Z,0503, F.S.		
Signature of Registered Agent Lennas Registered Agent MUST SIGN Date 4/2//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	
PRES Thomas J. Bel	1 223 Bay Colony	Dr North June Beach, FL 33408
DAN ANTHONY	235 BAY Colony	DR North June Beach, FL 33408
Treas David Formichella	234 Bay Colony	DR North Juno Beach, FL 33408
DIR DANIEL GOHLTEYE		DR North Juno Beach, FL 33408
DIR Frank White	242 BAY Colony	DR North Juno Beach, FL 33408
		2000
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 filling 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: 3 27 07 50/7994020 SIGNATURE AND TYPED OR PRINTED DIAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Daylime Phone #		
		2c.5/8