PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
00 APR 19 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000445

1. Corporation Name

Black Bear Ranch Property Owners Association, Inc.

7/28/99 90009 002 **86

REINSTATEMENT 99-00

2. Principal Office Address	3. Mailing Office Address
880 SW 20th Court	880 SW 20th Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach, FL	City & State: Delray Beach, FL
Zip: 33445 Country: USA	Zip: 33445 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 1/23/98

5. FEI Number: 65-0932658 ☐ 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: Glenn D. Storch, Esquire

Street Address (P.O. Box Number is Not Acceptable): 420 South Nova Road

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Suite, Apt. #, Etc.:

City: Daytona Beach State: FL Zip Code: 32114

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 X _____ Date 3/14/00

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	Denny Peddicord D	1142 Buckles Road	Pierson, FL 32180
VP D	Kristy Grant D	821 Buckles Road	Pierson, FL 32180
ST D	Trish Cole D	880 SW 20th Court	Delray Beach, FL 33445
			KE

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 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: X Trish Cole 3/25/00 561-279-1781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #