
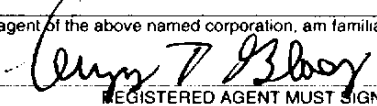
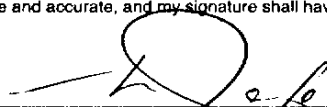


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  99 JUL 26 AM 11:29  SECRETARY OF STATE TALLAHASSEE, FLORIDA  700002946087--0 -07/30/99--01116--020 ***1350.00 ***1250.00  <b>REINSTATEMENT</b> <span style="float: right;"><b>SP</b></span>	
<b>DOCUMENT # P93000008589</b>					
1. Corporation Name <b>Bella Vista Property Owners' Association, Inc.</b>					
Principal Place of Business <b>1222 Sand Piper Lane Lantana, FL 33462</b>		Mailing Address <b>W99000016051</b>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable <b>22 Bella Vista Avenue</b>		3. New Mailing Office Address, If Applicable <b>22 Bella Vista Avenue</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>01/28/93</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State <b>Lake Worth, FL</b>		City & State <b>Lake Worth, FL</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <b>33460</b>	Country <b>U.S.A.</b>	Zip <b>33460</b>	Country <b>U.S.A.</b>	6. CERTIFICATE OF STATUS DESIRED <input 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		
D/P/T	Dr. Walter H. Janke	23123 State Rd. 7 Suite 103	Boca Raton, FL 33428		
D/S	Kathryn Jackson	22 Bella Vista Avenue	Lake Worth, FL 33460		
D	Lalita Janke	23123 State Road 7 Suite 103	Boca Raton, FL 33428		
8. Name and Address of Current Registered Agent  <b>Joseph E. Basile, Jr. 1222 Sand Piper Lane Lantana, FL 33462</b>			9. Name and Address of New Registered Agent Name <b>Gregory Blodig</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 West Cypress Creek Road, #700</b> Suite, Apt. #, Etc. City <b>Ft. Lauderdale</b> State <b>FL</b> Zip Code <b>33309</b>		
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  <b>REGISTERED AGENT MUST SIGN</b> Date <b>4/14/99</b>					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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:  <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> Date <b>6-23-99</b> Daytime Phone #					

C92E040 (1/98)