

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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01 OCT -8 PM 2:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # 755428

1. Corporation Name
The Bel-Ra Condominium Association, Inc.

2. Principal Office Address 1952 Field Road Suite, Apt. #, etc.		3. Mailing Office Address 1952 Field Road Suite, Apt. #, etc.	
City & State Sarasota, Florida		City & State Sarasota, Florida	
Zip 34231	Country USA	Zip 34231	Country USA

4. Date Incorporated or Qualified To Do Business in Florida

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
DAVID D. BONE

Street Address (P.O. Box Number is Not Acceptable)
1952 Field Road

Suite, Apt. #, Etc.

City
Sarasota

State
FL

Zip Code
34231

REINSTATEMENT 99-0

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 *David D. Bone* Date 10/4/01

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
PSTD	Davidson Gigliotti	537 Broadway - 2nd Floor	New York, NY 10012
D	Elaine Summers	537 Broadway - 2nd Floor	New York, NY 10012
D	David D. Bone	1952 Field Road	Sarasota, FL 34231

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)(f), 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: *David D. Bone* 10/5/01 212)966-6563

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

[Handwritten signature]

CR2E081 (3/00)

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By Zap

ACCOUNT NO. : 072100000032
 REFERENCE : 827821 81176A
 AUTHORIZATION : *Patricia Piquet*
 COST LIMIT : \$ 367.50

ORDER DATE : October 8, 2001
 ORDER TIME : 10:54 AM
 ORDER NO. : 827821-005
 CUSTOMER NO: 81176A

CUSTOMER: David D. Bone, Esq
 David D. Bone, Esq
 Suite C
 1952 Field Road
 Sarasota, FL 34231

DOMESTIC FILINGS

NAME: THE BEL-RA CONDOMINIUM
 ASSOCIATION, INC.

XX REINSTATEMENT

RECEIVED
 01 OCT -8 AM 11: 27
 DIVISION OF CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS

[Handwritten Signature]