

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 30 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730471

1 Corporation Name
LA BAHIA THE BAY CONDOMINIUM, INC.

Principal Place of Business Mailing Address
C/O IDA P. MARTINEER
1111NW 19TH AVE #203
MIAMI FL 33125
US

REINSTATEMENT 1996
MW3 1-3-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable
Felix NARANJO
Suite, Apt. #, etc.
1111NW19AVE#401
City & State
MIAMI FL
Zip 33125 Country DADE

3 New Mailing Office Address, If Applicable
Felix NARANJO
Suite, Apt. #, etc.
1111NW19AVE#401
City & State
MIAMI FL
Zip 33125 Country

4. Date Incorporated or Qualified To Do Business in Florida 08/13/1974
5. FEI Number 65-0203833 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED SB 75 Additional Fee required for Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 000002047790--7

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City (State/Zip) ***175.00
PD	Felix NARANJO	1111 NW 19TH CT APT 401	MIAMI FL 33125
VD	Caridad Morales	1111 NW 19TH AVE #105	MIAMI FL 33125
TD	Hortensia de la Fe	1111 NW 19TH AVE #102	MIAMI FL 33125

8. Name and Address of Current Registered Agent
ANTIA LUIS
1111 NW 19TH CT APT 401
MIAMI FL 33125

9. Name and Address of New Registered Agent
Name Felix Naranjo
Street Address (P.O. Box Number is Not Acceptable)
1111 NW 19 AVE #401
Suite, Apt. #, Etc. APT 401
City MIAMI FL 33125 State FL Zip Code 33125

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 [Signature] REGISTERED AGENT MUST SIGN Date 9-19 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (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: [Signature] Felix Naranjo Date 9-19-1996 Daytime Phone # 6426954

CR2E040 (7/96)