

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>APPLICATION FOR REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		<b>APPROVED AND FILED</b>  1997 JUN -9 PM 1:57  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 754189 <span style="float: right;">W97-7541</span>					
1. Corporation Name Bougain-Villa of Bay Harbor Islands Condominium Association, Inc.					
Principal Place of Business 1065 98 St Apt 1 Bay Harbor Islands, FL 33154			Mailing Address		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Sept. 16, 1980	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2192662	
Country		Country		Applied For	
33161		North Miami FL		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" 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	2	3	4	5	6
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		
PH	HENRY PADILLA "D"	901 NE 125th St Suite 104	North Miami FL 33161		
V	GUSTAVO ZAMBRANO "D"	1075 98th Street	Bay Harbor Is. FL 33154		
S	GRACIANO ABREU "D"	1065 98th St #5	Bay Harbor Is. FL 33154		
<b>REINSTATEMENT</b> <span style="float: right;">82-97-188 6/19/97</span>					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
HENRY PADILLA 901 N.E. 125th Street Suite 104 North Miami, FL 33161			Name 4000002207224-9 Street Address (P.O. Box Number is Not Acceptable) 0500797-01036-006 Suite, Apt. #, Etc. ***1159.00 ***1159.00 City State FL Zip Code		
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			Date 3-25-97		
REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:			3-25-97 305-895-3622		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E040 (12/95)