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
97 JUL -7 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758038

1. Corporation Name

BAY HOUSE TOWER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business / Mailing Address

17878 NO. BAY ROAD
MIAMI BEACH, FL 33160

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 Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/05/1981

5. FEI Number: 59-2390488 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	ABOUTLAM, SAM President	17878 No. Bay Rd # 305	Miami Beach, FL 33160
D	CIOCCIO, JOE D. Vice President	17878 No.Bay Rd. #604	Miami Beach, FL 33160
D	BARBARA MILLER Secretary	17878 NO Bay Rd #506	Miami Beach, FL 33160
D	CARMEN SCHNEIDER Treasurer	17878 NO Bay Rd #201	Miami Beach, FL 33160
D	ALLARD, GILLES	17878 No Bay Rd	Miami Beach, FL 33160

8. Name and Address of Current Registered Agent

CARMEN SCHNEIDER
— 17878 N BAY RD 201 —
N.M. BCH FL 33160

REINSTATEMENT 6-26-97

9. Name and Address of New Registered Agent

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

7-9-97

CR2E040 (12/96)

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: Carmen Schneider
REGISTERED AGENT MUST SIGN

800002345868--2
Date 07/10/97--01013--006
*****00.25 *****00.25

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: Carmen Schneider — 6/26/97 — 305-682 8887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CARMEN SCHNEIDER TREASURER