

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000012788 1. Entity Name BAYVIEW PALMS CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business: 1800 & 1805 SANS SOUCI BLVD. N. MIAMI, FL 33181		Mailing Address: 1800 & 1805 SANS SOUCI BLVD. N. MIAMI, FL 33181
2. Principal Place of Business Suits, Apt. #, etc. City & State Zip Country		3. Mailing Address 1805 Sans Souci Blvd Suits, Apt. #, etc. OFFICE City & State MIAMI, FL Zip Country 33181 USA
4. FEI Number 0000		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

SEARCHED
 DIVISION
 06 OCT 31 AM 11:03

REINSTATEMENT 06

10102006 REIN-NP CR2E000 (11/05)

6. Name and Address of Current Registered Agent DE VILLIERS, ANA V. 201 ALHAMBRA CIRCLE, STE. 601 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50	In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CABRERIZO, TOMAS 6351 SUNSET DR. MIAMI, FL 33143	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 40008137283 10/31/06--01037--010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KENNEDY, JIM 8351 SUNSET DR. MIAMI, FL 33143	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FUENTES, IVAN 8351 SUNSET DR. MIAMI, FL 33143	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

ACCOUNTS PAYABLE
 PROPERTY ID BAYVIEW
 G/L ACCOUNT 361.25
 AMOUNT BY
 DATE ENTERED 11/10/06
 PROPERTY APPROVAL _____
 CORP REVIEW MAILED _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: UD L T J TREA. 10/10/06 305-779-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #