PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPROVED FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 JUL 20 PM 3: 42 DOCUMENT # N 14784 SECRETARY OF STATE TALLAHASSEE, FLORIDA Biscayne Point Homeowners Association, Inc. 400002598164---4 -07/24/98--01091--008_ Principal Place of Business Mailing Address clo Theodore Berman 40Theodore Berman ****358.75 ****358.75 7970 Blacayne Point Cir. 7970 Biscaum Point Cir Miami Beach, FL 33141 Miami Beach, FL 33141 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 Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. 5. FEI Number Applied For City & State 65-0017693 \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Fiorida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip THEODORE BERMAN 7970 Biscayne Point ar. Miami Beach, FL 33/4/ Julio Magrisso 1600 Cleveland Road Miami Beach, FL 33141 Lucero Levy 1855 Cleveland Road Miami Beach, FL 33/4/ Miami Beach, FL 33/4/ 1355 Daytonia Road Carmon Matos- Raia TREASURA Harriet Halpryn 7935 Biscayne Point Gir. Miami Beach, FL 33/4/ 1580 cleveland Road Randolph Reich Miami Beach, FL 33181 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent David Ettman heodore Street Address (P.O. Box Number is Not Acceptable)

7970 Bis cayne Point Cir. 1761 Cleveland Road Miami Beach, FL 33/41 State Zip Code FL 33/4/ obligations of Section 607.0505, F.S. 10. I, being appointed the registered agent of the above named corporation, 11. This corporation owes or has paid the current year Intangible Personal Property fax due June 30. Yes L

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 reinstalement 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 of Registered Agent

Suite, Apt. #, etc.

City & State

PRESIDENT

VICE

President CD

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7/12/98 305-865-2816