PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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REINSTATEMENT 97-01

DOCUMENT # N16915

1. Corporation Name
Bay Harbor Apartments Condominium Association, Inc.
9110 W. Bay Harbor Deive, #7
Bay Harbor Islands, FL 33154

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 9110 W. Bay Harbor Dr | 9110 W. Bay Harbor Dr. |
| Suite, Apt. #, etc.: Apt. #7 | Suite, Apt. #, etc.: Apt. #7 |
| City & State: Bay Harbor Islands | City & State: Bay Harbor Islands |
| Zip: 33154 Country: Dade | Zip: 33154 Country: Dade |

4. Date Incorporated or Qualified To Do Business in Florida: 09/22/86

5. FEI Number: 65-0306773 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Esther Iglesias ARANGO
Street Address (P.O. Box Number is Not Acceptable): 9110 W. Bay Harbor Drive
Suite, Apt. #, Etc.: Apt #7
City: Bay Harbor Islands State: FL Zip Code: 33154

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Esther Arango
REGISTERED AGENT MUST SIGN
Date: 11/08/01

CR2E081 (9/00)

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| P/D | Esther Iglesias ARANGO | 9110 W. Bay Harbor DR #7 | Bay Harbor Islands, Fl |
| S/D | MARY SIRVEN | 9110 W. Bay Harbor DR #5 | Bay Harbor Islands, Fl |
| T/D | Sally Zamudio | 9110 W. Bay Harbor DR #6 | Bay Harbor Islands, Fl. 33154 |
| | | | |
| | | | |

10. 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: Esther Arango
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 11/08/01
Daytime Phone #: (305)865 6090