2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N26952

1. Entity Name
BAYSIDE VILLAGE EAST CONDOMINIUM ASSOCIATION, INC.

FILED
09 FEB 26 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-09

Principal Place of Business	Mailing Address
13 FISHER ISLAND DR FISHER ISLAND, FL 33109 US	13 FISHER ISLAND DR FISHER ISLAND, FL 33109 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6 Fisher Island Dr.	6 Fisher Island Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fisher Island, FL	City & State: Fisher Island, FL
Zip: 33109 Country:	Zip: 33109 Country:

4. FEI Number: 65-0058288 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HYMAN SPECTOR & MORS, LLP 150 WEST FLAGLER ST SUITE 2701 MIAMI, FL 33130	Name: Guy Spiegelman, Esquire Street Address (P.O. Box Number is Not Acceptable): 19 West Flagler Street Suite 912 City: Biscayne Blvd, FL Zip Code: 33130

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 X [signature] 2/24/09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PAULA, JOSE V 1495 NORTH PARK DR WESTON, FL 33326 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P POTASH, IRWIN 2033 Fisher Island Drive Fisher Island, FL 33109 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP REICH, NORBERT DR 1495 NORTH PARK DR WESTON, FL 33326 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Melnick, Larrie 2114 Fisher Island Drive Fisher Island, FL 33109 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T POTASH, IRWIN DR 1495 NORTH PARK DR WESTON, FL 33326 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TATUM, KAY 2042 Fisher Island Drive Fisher Island, FL 33109 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete 2/27	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800143741958 02/17/09--01005--005 **122.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #