PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 APR -4 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900005307449--9
-04/19/02--01029--016
******8.75 ******8.75

DOCUMENT # N50490

1. Corporation Name
Riviera By the Bay Homeowners Association, Inc.

REINSTATEMENT 00-02

2. Principal Office Address	3. Mailing Office Address
260 Palermo Avenue	260 Palermo Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, Florida	City & State: Coral Gables, Florida
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/20/92

5. FEI Number: 65-0421838 ☐ 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: Maria Fernandez-Valle

Street Address (P.O. Box Number is Not Acceptable): 10570 N.W. 25th Street, Unit 103

900005307449--9
-04/19/02--01029--015
******8.75 ******8.75

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33172

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 _____ Date: 03/24/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PD	Guillermo Hernandez	260 Palermo Avenue	Coral Gables, Fl 33134
SD	Alex Hernandez	260 Palermo Avenue	Coral Gables, Fl 33134
TD	Jose Gonzalez	260 PAlermo Avenue	Coral Gables, Fl 33134

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: _____ 03/24/02 (305)597-9977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #