

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB 16 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002874

1. Corporation Name

GRAND BAY RESORT AND RESIDENCES MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3250 MARY STREET
COCONUT GROVE FL 33133

3250 MARY STREET
COCONUT GROVE FL 33133



700002433217-6
-02/17/98-01090-004
*****61.25 *****61.25

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/16/1995	
City & State		City & State		5. FEI Number APPLIED FOR	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VD	FIDALGO, ORLANDO	7255 N.W. 12TH STREET	MIAMI FL 33126
STD	TEMLING, W. PETER	3250 MARY STREET	MIAMI FL 33133
PD	WEISER, DOUGLAS J	3250 MARY STREET	MIAMI FL 33133
REINSTATEMENT			97-98 SL 2-17-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PELTZ, ARVIN
3250 MARY STREET
MIAMI FL 33133

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: ARVIN PELTZ REGISTERED AGENT MUST SIGN Date: 2/11/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

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 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: [Signature] Date: 2/11/98 Daytime Phone #: (305) 445-4258

CR2E040 (8/97)