


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N99000007140</b> 1. Corporation Name <i>Tampa Bay Community Association, Inc.</i>			
2. Principal Office Address <i>11500 Old Tampa Bay Dr</i> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <i>11500 Old Tampa Bay Dr</i> <small>Suite, Apt. #, etc.</small>	
City & State <i>San Antonio, FL</i>		City & State <i>San Antonio, FL</i>	
Zip <i>33576</i>	Country <i>USA</i>	Zip <i>33576</i>	Country <i>USA</i>

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida <i>December 6, 1999</i>	
5. FEI Number <i>59-3701646</i>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

00-01

<b>7. Name and Address of Current Registered Agent</b>	
Name <i>Scott Clark</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>11500 Old Tampa Bay Drive</i>	
Suite, Apt. #, Etc.	
City <i>San Antonio</i>	State <b>FL</b>
Zip Code <i>33576</i>	

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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: *[Signature]* Date: *8/28/01*

REGISTERED AGENT MUST SIGN

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
D	Gary Friedland	100 S. Bedford Road	Mt. Kisco, NY 10549
D	Scott Clark	11500 Old Tampa Bay Dr	San Antonio, FL 33576
D	Cora Di Fiore	3300 University Dr Suite 100	Coral Springs, FL 33065

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)(f), 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]* *Scott Clark* Date: *8/28/01* (800) 588-2108 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (9/00)