

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -4 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-01000114700

1. Corporation Name

Bayside Heights Inc.

2. Principal Office Address

12763 SW 280 St

Suite, Apt. #, etc.

3. Mailing Office Address

12763 SW 280 St

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33032

Country

USA

Zip

33032

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-04-01

5. FEI Number

65-1157954

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

JESUS V. SUAREZ

Street Address (P.O. Box Number is Not Acceptable)

12763 SW 280 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33032

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

X *[Signature]*

Date

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
PPD Res.	JESUS V. SUAREZ	12763 SW 280 St	Miami, FL 33032

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: X

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

21 115

BAYSIDE HEIGHTS INC.

12763 SW 280TH STREET

MIAMI, FL 33032

305-661-2000

305-665-5464 FAX

March 26, 2003

Department of State
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

**RE: REINSTATEMENT OF BAYSIDE HEIGHTS INC.
DOCUMENT # P01000114700**

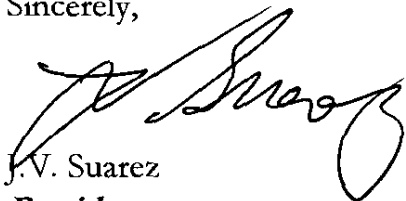
Dear Sirs/Madam:

We are respectfully requesting reinstatement of the above-mentioned Corporation. The Uniform Business Report was being mailed to Mr. Orlando Antelo at 814 Ponce De Leon Blvd, Suite 300, Coral Gables Florida 33134. Mr. Antelo moved from that location soon after filing and the reports were not forwarded to our location. **(Were not received)**

Enclosed you will find a completed reinstatement form plus a check in the amount of \$300.00 which will cover the years 2002 and 2003. No penalty dues were assessed as per the telephone conversation with Michelle.

If you have any questions, please feel free to call our office.

Sincerely,



J.V. Suarez
President