

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: center;"> <b>AND FILED</b>                      97 JAN 24 AM 10:34                      SECRETARY OF STATE                      TALLAHASSEE, FLORIDA                 </div> <div style="text-align: center;">                     800002070578--U                      -01/28/97--01112--001                      *****915.00 *****915.00                      800002070578--U                      -01/28/97--01112--002                      *****8.75 *****8.75                 </div>	
<b>DOCUMENT # 337688</b> 1. Corporation Name <div style="text-align: center;">BAYVIEW ASSOCIATES, INC.</div>					
Principal Place of Business		Mailing Address			
300 Biscayne Blvd. Way Miami, FL 33131		SAME			
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 Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/14/68	
City & State		City & State		5. FEI Number	
Zip		Country		59-1224801	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Director	Donald J. Bezahler	300 Biscayne Blvd. Way	Miami, FL 33131
Director	Edward Breger	300 Biscayne Blvd. Way	Miami, FL 33131
President	Donald J. Bezahler	300 Biscayne Blvd. Way	Miami, FL 33131
V.P. & Treasurer	Edward Breger	300 Biscayne Blvd. Way	Miami, FL 33131

REINSTATEMENT 1996-97

<b>8. Name and Address of Current Registered Agent</b> Julius J. Shepard 300 Biscayne Blvd. Way Miami, FL 33131	<b>9. Name and Address of New Registered Agent</b> Name: Ronny J. Halperin Street Address (P.O. Box Number is Not Acceptable): 201 South Biscayne Boulevard Suite, Apt. #, Etc.: 1970 Miami Center City: Miami      State: FL      Zip Code: 33131
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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: Date: 1/23/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.    Yes ☐    No ☐    (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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:** DONALD J. BEZAHLER      1/27/97      (212) 702-1415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:      Daytime Phone #: