

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 APR 30 PM 1:24

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **711321**

1. Corporation Name  
**NORTH BAY WHITE HOUSE ASSOCIATION NO. 3, INC.**

Principal Place of Business Mailing Address  
**BREGMAN, ANNE** % PMS  
**1780 79TH ST CSWY #C203** 8299 CORAL WAY  
**NO BAY VILLAGE FL 33141** MIAMI FL 33155  
**US** US  
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.



01/24/00 90099 030 6/28

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.		08/10/1966	
City & State		City & State		5. FEI Number	
Zip		Zip		NOT APPLICABLE	
Country		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	4 City / State / Zip
VD	BREGMAN, ANNE	1780 KENNEDY CAUSEWAY #203	N. BAY VILLAGE FL 33141
STD	GONZALEZ-SORRELL, FE	1780 KENNEDY CAUSEWAY #203 311	N. BAY VILLAGE FL
PD	SCHEIFFINO, OSVALDO	1780 KENNEDY CAUSEWAY #108	N BAY VILLAGE FL 33141
			600004217826--3 -05/15/01--01092--010 ***236.25 ***236.25
			00-01

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PMS CORPORATION 8299 CORAL WAY MIAMI FL 33155		<p><b>REINSTATEMENT</b></p> Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

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: *Julio Martinez* Date: 4/20/01  
 REGISTERED AGENT MUST SIGN

11. 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: 04/20/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/00)