
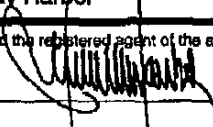



FAX AUDIT NO. H04000198034

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| <b>CORPORATION REINSTATEMENT</b>  |                                   |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |                      | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA   |  |
|---|-----------------------------------|--|----------------------|--|--|
| <b>DOCUMENT # 745898</b><br>1. Corporation Name<br>BAY ISLE CONDOMINIUM ASSOCIATION, INC.   |                                   |  |                      |  |  |
| 2. Principal Office Address<br>9551 E. Bay Harbor Drive   |                                   | 3. Mailing Office Address<br>9551 E. Bay Harbor Drive  |                      | <b>REINSTATEMENT 02-04</b><br><br>4. Date Incorporated or Qualified To Do Business In Florida February 12, 1979<br>5. FEI Number 59-1974578 Applied For Not Applicable<br>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> |  |
| Suite, Apt. #, etc.   |                                   | Suite, Apt. #, etc.  |                      |  |  |
| City & State<br>Bay Harbor, Florida   |                                   | City & State<br>Bay Harbor, Florida  |                      |  |  |
| Zip<br>33154  | Country<br>USA                    | Zip<br>33154   | Country<br>USA       |  |  |
| 7. Name and Address of Current Registered Agent<br>Name<br>Irwin E. Tauber<br>Street Address (P.O. Box Number is Not Acceptable)<br>9551 E. Bay Harbor Drive<br>Suite, Apt. #, Etc.<br>City<br>Bay Harbor<br>State<br>FL<br>Zip Code<br>33154   |                                   |  |                      |  |  |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0502, F.S.<br>Signature of Registered Agent  Irwin E. Tauber REGISTERED AGENT MUST SIGN Date OCTOBER 4, 04   |                                   |  |                      |  |  |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   |                                   |  |                      |  |  |
| Title   | Name of Officers and/or Directors | Street Address of Each Officer and/or Director   | City / State / Zip   |  |  |
| DPS   | Irwin E. Tauber                   | 9551 E. Bay Harbor Drive   | Bay Harbor, FL 33154 |  |  |
| D   | LAURA TAUBER                      | 9551 E. Bay Harbor Drive   | Bay Harbor, FL 33154 |  |  |
| D   | MIGUEL CUADROS                    | 9551 E. Bay Harbor Drive   | Bay Harbor, FL 33154 |  |  |
| 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(9)(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:   |                                   | Irwin E. Tauber, President   |                      | Date OCT 4, 04<br>Daytime Phone # 305 861 8181   |  |

CREATED BY (1/04)

Division of Corporations

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Account Number : 075471001363  
Phone : (305) 374-5600  
Fax Number : (305) 374-5095

**CORPORATION REINSTATEMENT**

**BAY ISLE CONDOMINIUM ASSOCIATION, INC.**

|                       |          |
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