

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC -1 AM 11:43

DOCUMENT # 747301

1. Corporation Name

BAMBOO GROVE TOWNHOUSE ASSOCIATION, INC.

200163210672
12/01/09--01016--005 **297.50

2. Principal Office Address - No P.O. Box #

3120-22-24-26 MARY ST

3. Mailing Office Address

3120 MARY ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

MIAMI - FL

Zip

33133

Country

US

Zip

33133

Country

US

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1979

5. FEI Number

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

IGNEZ C SIMOES

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

3122 MARY ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Igniez C Simoes
REGISTERED AGENT MUST SIGN

Date NOV 20, 2009

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
P	CINTIA SHAND	3120 MARY ST.	MIAMI, FL 33133
D	STEVE KLEIN	3124 MARY ST.	MIAMI, FL 33133
D	SARAH AYLWARD	3126 MARY ST.	MIAMI, FL 33133
D	IGNEZ C SIMOES	3122 MARY ST.	MIAMI, FL 33133

REINSTATEMENT OF 08-09 B-12/2/09

10. E-mail Address:

n/a

(To be used for future annual report notification)

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. I further certify, 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:

Igniez C Simoes IGNEZ C SIMOES

NOV 20, 2009

305 7905435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #