PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 08 OCT 27 PM 4: 54
DOCUMENT # 747878 1. Carporation Name REVISIONE CONSIDER AT MILE		LLONG FART OF STATE TALL AHASSEE, FLORIDA
1. Carporation Name BAYSIOF CONDOMINIUMS AT MILE MANKER 10 ASSOCIATION IN C.		200137322742 10/27/0801049007 **236.25
2. Principal Office Address - No P.O. Box # 302 Soct Thrmu S T Suite, Apt. #, etc.	3. Mailing Office Address P.O. Box SS1 Suite, Apt. #, etc.	CR2E081 (10/08)
## 10) City & State	City & State	4. Data Incorporated or Qualified 6/29/1979
Key Was T. F-L.	Rey Wes T, FL	5. FEI Number Applied For Not Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIGNED \$8.75 Additional Fee required
3000 USA	33041 1DIF	CERTIFICATE OF STATUS DESIRED for a Certificate of Status
7. Name and Address of Current Registered Agent		
Thomas J. SiRECI, JR.		The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Nov/Acceptable) 529 White Nego ST.		the prior notices. By checking this box, you
Suite, Apt. #, Etc.		are certifying the prior notices were not received and requesting the reinstatement
City Key Wes T State P3040		fee be waived.
8. I, being appointed the registered agent of the above named corporation, am famillar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 10/23/01		
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 Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip		
P Browning, Michael Konthiteheno ST Keyles T, F-13304		
V WOLFE, MARSHALL 35 BOULDER Dr. Keyhort, I-L 33040		
T/S SIRECI Jr., Thomas 529 Wh. Tehenu ST. Key Wost, FL 33040		
D Ells Tour, Michael 36 Blue Water DR. Key West 1=L33040		
M LEE, Charles	E. 727Windso	RLN Key West FL33040
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 contained in Chapter 119, 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 AND THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		