

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL 24 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748985

1. Corporation Name
Byron Court Condominium Assoc., Inc.

2. Principal Office Address
8530 BYRON AVE.

3. Mailing Office Address
9100 EMERSON AVE.

City & State
MIAMI BEACH, FL.

City & State
SURFSIDE, FL.

Zip Country
33141 U.S.A.

Zip Country
33154 U.S.A.

REINSTATEMENT *M-02*

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
592 011 304

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
PHYLLIS M. YOUNG

Street Address (P.O. Box Number is Not Acceptable)
9100 EMERSON AVE.

Suite, Apt. #, Etc.

100006953291-8
-08/07/02-01058-017
****552.00 ****552.00

City
SURFSIDE

State Zip Code
FL *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 617.0503, F.S.

Signature of Registered Agent
Phyllis M. Young
REGISTERED AGENT MUST SIGN

Date *7/22/02*

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	<i>FINSCHOW, GERHARD</i>	<i>8530 Byron Ave. #404</i>	<i>MIAMI BEACH, FL 33141</i>
V	<i>VAINA, Anthony</i>	<i>8530 Byron Ave. #304</i>	<i>MIAMI BEACH, FL 33141</i>
TD	<i>RYAN, William</i>	<i>8530 Byron Ave. #403</i>	<i>MIAMI BEACH, FL 33141</i>
D	<i>LOQUIDICK, Joseph</i>	<i>8530 Byron Ave. #306</i>	<i>MIAMI BEACH, FL 33141</i>
D	<i>DIAZ, JUAN</i>	<i>8530 Byron Ave. #407</i>	<i>MIAMI BEACH, FL 33141</i>

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(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: *x Gerhard Finschow*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *107.22.2002*
Date
Dwelling Phone # *305-866-0171*

CR2E081 (9/01)