


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 757200	
1. Entity Name BAY HARBOR TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.	

FILED  
06 NOV 15 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business BAY HARBOR ISLAND 10080 BAY HARBOR TERR MIAMI, FL 33154 US	Mailing Address BAY HARBOR ISLAND 10080 BAY HARBOR TERR MIAMI, FL 33154 US
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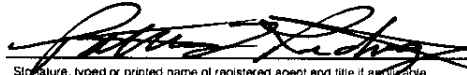


2. Principal Place of Business Bay Harbor Islands	3. Mailing Address Bay Harbor Townhouse Condo
Suite, Apt. #, etc. 10090 Bay Harbor Terrace	Suite, Apt. #, etc. 10090 Bay Harbor Terrace
City & State Bay Harbor Islands, FL	City & State Bay Harbor Islands, FL
Zip 33154	Country U.S.

10252006 REIN-NP	CR2E099 (11/06)
4. FEI Number 37-0487157	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

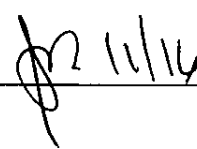
6. Name and Address of Current Registered Agent TREMAINE, ALBERTA 10080 BAY HARBOR TERR BAY HARBOR, FL 33154	7. Name and Address of New Registered Agent Name RIDINGS, PATRICK T. Street Address (P.O. Box Number is Not Acceptable) 10090 Bay Harbor Terrace City Bay Harbor Islands FL Zip Code 33154
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.


SIGNATURE  DATE 6 NOV 06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TREMAINE, ALBERTA 10080 BAY HARBOR TERRACE BAL HARBOUR, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMMOVICH, Jonathan 10096 Bay Harbor Terrace Bay Harbor Islands, FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIDING, S 10090 BAY HARBOR TERRACE BAY HARBOR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIDINGS, PATRICK 10090 Bay Harbor Terrace Bay Harbor Islands, FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUSS, VRI 10090 BAY HARBOR BAY HARBOR, FL 33154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LUSTGARTEN, WILLIAM 10066 Bay Harbor Terr. Bay Harbor Islands, FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PRULIS, ALLEN 10086 BAY HARBOR TERRACE BAY HARBOR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Perelis, Allan 10086 Bay Harbor Terrace Bay Harbor Islands, FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400081790594 11/15/06--01019--009 **\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 6 NOV 06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #