PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 17 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757313

1. Corporation Name

THE BAHIA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4226 DEL PRADO BLVD. CAPE CORAL FL 33904	4226 DEL PRADO BLVD. CAPE CORAL FL 33904

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
506 S.W. 47th Terrace	506 SW 47th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral FL	City & State: Cape Coral FL
Zip: 33914 Country: U.S.A	Zip: 33914 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 03/31/1981

5. FEI Number: 60-0730795 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	STATEN, KAREN	5809 RATTLESNAKE HAMMOCK RD., 20	NAPLES FL 34113
STD	PAREIGIS, MICHAEL	2203 PINEWOODS CR.	NAPLES FL 34105
D	MOORE, DAVID	1541 SE 15TH PLACE, #108	CAPE CORAL FL 33990

12/17/03 01070 -003 **61.25
700025564737
12/17/03--01070--003 **61.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ILAMARIE, PIERCE 4226 DEL PRADO BLVD CAPE CORAL FL 33904	Name: PAOLA ZUNINO Street Address (P.O. Box Number is Not Acceptable): 506 S.W. 47th Terrace Suite, Apt. #, Etc.: City: Cape Coral State: FL Zip Code: 33914

CR2E040 (7/03)

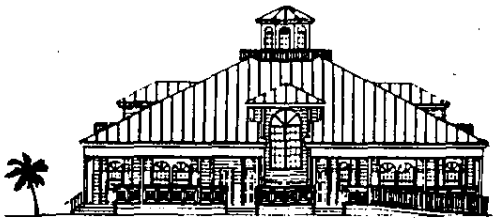
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Paola Zunino SIGNATURE REQUIRED Date: 12/15/03
REGISTERED AGENT MUST SIGN

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 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: Karen Staten SIGNATURE REQUIRED 12/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SUNBELT REALTY, INC.
Community Association Management
506 S.W. 47th Terrace
Cape Coral, Florida 33914
(239) 542-5169
FAX (239) 542-7345



OFFICE OF CENTURY 21 SUNBELT REALTY

December 15, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: The Bahia Condominium Association

To whom it may concern:

Please be advised that we just received this Application for Reinstatement. This was finally forwarded to us by the previous management company, which still appears as the Registered Agent. We did not received any correspondence from your department prior to this.

We apologize for the delay and we are enclosing the signed Application of Reinstatement and a check in the amount of $ 61.25 to bring this Association up to date and in compliance with the Statute.

Please feel free to contact me, should you have any questions.

Sincerely,

Paola Zunino
CAM