

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <u>No00000 904</u>			
<b>1. Corporation Name</b> <u>GOLDEN BAY CONDOMINIUM ASSOCIATION</u>			
<b>2. Principal Office Address - No P O Box #</b> <u>166 GOLDEN GATE PT.</u>		<b>3. Mailing Office Address</b> <u>166 GOLDEN GATE PT. #22</u>	
Suite, Apt. #, etc. <u></u>		Suite, Apt. #, etc. <u>104</u>	
City & State <u>SARASOTA, FL</u>		City & State <u>SARASOTA, FL</u>	
Zip <u>34236</u>	Country <u>U.S.A.</u>	Zip <u>34240</u>	Country <u>U.S.A.</u>
<b>7. Name and Address of Current Registered Agent</b> Name <u>ADC PROPERTY MANAGEMENT</u> Street Address (P.O. Box Number is Not Acceptable) <u>163 SARASOTA CTR. BLVD.</u> Suite, Apt. #, Etc. <u>104</u> City <u>SARASOTA</u>			
<input type="checkbox"/> 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.			
<b>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.</b>			
Signature of Registered Agent <u>Peter R. Maltese</u>		Date <u>APRIL 30, 2008</u> REGISTERED AGENT MUST SIGN	
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PETER MALTESE	166 GOLDEN GATE PT. #60	SARASOTA, FL 34236
VP	PETER SCHIAZZI	166 GOLDEN GATE PT. #22	SARASOTA, FL 34236
SLT	RON JAMIESON	P.O. BOX 37	OTSWEGE, ONTARIO CANADA N0A 1M0
D	RACHEL JAMES	166 GOLDEN GATE PT. #51	SARASOTA, FL 34236
D	JOHN TURLEY	166 GOLDEN GATE PT. #52	SARASOTA, FL 34236
<u>APRIL 24</u>			
<b>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</b>			
<b>SIGNATURE:</b> <u>Peter R. Maltese</u> <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<b>Date</b> <u>710-249-1280</u> <b>Daytime Phone #</b>	

PETER MALTESE, PRESIDENT