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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000007365

1. Corporation Name
BAL HARBOUR COURT CONDOMINIUM ASSOCIATION, INC.

REINSTATEMENT 04-05

2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc. 1111 Lincoln Rd., Suite 400		Suite, Apt. #, etc. 1111 Lincoln Rd., Suite 400	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33139	Country USA	Zip 33139	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/26/02

5. FEI Number 51 0490887 ☐ 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
Eugene J. Howard

Street Address (P.O. Box Number is Not Acceptable)
1111 Lincoln Road

Suite, Apt. #, Etc.
Suite 400

City	State	Zip Code
Miami Beach	FL	33139

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 _____ Date 01/03/05

REGISTERED AGENT MUST SIGN

CR2E031 (01/04)

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
DP	Scott Weinberg	1111 Lincoln Road, Suite 400	Miami Beach, FL 33139
DVPS	Eugene Howard	1111 Lincoln Road, Suite 400	Miami Beach, FL 33139

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: _____ 01/03/05 305-608-5550

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

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Florida Department of State
Division of Corporations
Public Access System

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Account Number : 076077000521
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CORPORATION REINSTATEMENT

BAL HARBOUR COURT CONDOMINIUM ASSOCIATION, INC.

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Estimated Charge	$306.25

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