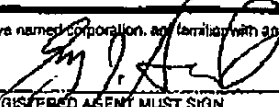
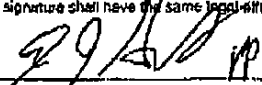


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.					
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 510490887 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 Miami Beach				State FL	Zip Code 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					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	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 (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: 			Date 01/03/05 305-608-5550		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

H05000022092

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & FUSSELL, P.A.
Account Number : 076077000521
Phone : (954) 527-2428
Fax Number : (954) 764-4996

CORPORATION REINSTATEMENT

BAL HARBOUR COURT CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	1
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