


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB -2 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200065199022
02/06/06--01021--025 **297.50

200065199022
02/06/06--01021--025 **29750.00

CR2E081 (12/05)

DOCUMENT # NO 3000001934

1. Corporation Name
North Bay Villas Condo Association

2. Principal Office Address
1801 S. Treasure Dr.

Suite, Apt. #, etc.

3. Mailing Office Address
101 N. St. Rd 7 #119

Suite, Apt. #, etc.

City & State
North Bay Village, FL

City & State
North Bay Village, FL

Zip
33141 Country
USA

Zip
33141 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
05-1726836 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
Absolute Property Management Inc

Street Address (P.O. Box Number is Not Acceptable)
101 N. St. Rd. 7 #119

Suite, Apt. #, Etc.

City
Margate

State
FL

Zip Code
33203

REINSTATEMENT 05-06

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
[Signature]

REGISTERED AGENT MUST SIGN

Date
1/6/05

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 |
|--------|-----------------------------------|--|-----------------------------|
| Pres. | Joe Caristo | 1801 S. Treasure Dr. #119 | North Bay Village, FL 33141 |
| Sec | Janet Mena | 1801 S. Treasure Dr. #228 | North Bay Village, FL 33141 |
| Treas | Alex Caraballo | 1801 S. Treasure Dr. #221 | North Bay Village, FL 33141 |
| | | | |
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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.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
1/6/05

Daytime Phone #
954-984-8200