

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

F.M.L.#100

14 JUL 30 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N08000004361**

1. Corporation Name

**Bay Harbor Lodge Condominium
Association, Inc.**

2. Principal Office Address - No P.O. Box #

1165-99th Street

Suite, Apt. #, etc

Unit #1

City & State

Bay Harbour Islands, FL

Zip

33154

Country

USA

3. Mailing Office Address

12555 Biscayne Blvd.

Suite, Apt. #, etc

PMB # 463

City & State

North Miami, FL

Zip

33181

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5/5/2008

5. FEI Number

650323806

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

Allan Perelis

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

12555 Biscayne Blvd.

Suite, Apt. #, Etc.

PMB # 463

City

North Miami

State

FL

Zip Code

33181

100262815831
07/30/14--01030--013 ***420.00

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

AP

Date **7-29-2014**

REGISTERED AGENT MUST SIGN

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
P	Chava Fux	1165 99 th Street Unit #1	Bay Harbor Islands, FL 33154
S	Hod Tamir	1165 99 th Street Unit #2	Bay Harbor Islands, FL 33154
T	George Wainer	20251 NE. 25 th Avenue	Aventura, FL 33180
Dir	Gabriel S. Cohen S.	1165 99 th Street Unit #3	Bay Harbor Islands, FL 33154
REINSTATEMENT			JUL 30 2014
			R. HUNT

10 E-mail Address: **jacoboluba.18@hotmail.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jcbj 29 2014 305-343-6187

Date

Daytime Phone #