PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAR 11 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N18693

1. Corporation Name

THE BAYSIDE MERCHANTS ASSOCIATION, INC.

2. Principal Office Address	**3.** Mailing Office Address
401 Biscayne Blvd.	401 Biscayne Blvd.
Suite, Apt. #, etc. #R-106	Suite, Apt. #, etc. #R-106
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33132 Country U.S.A.	Zip 33132 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 01/12/1987

5. FEI Number 59-2852253 ☐ 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: TERCILLA, RAUL D.

Street Address (P.O. Box Number is Not Acceptable): BAYSIDE MARKETPLACE 401 Biscayne Blvd.

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Suite, Apt. #, Etc.: #R-106

City: MIAMI State: FL Zip Code: 33132

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 1/20/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
PD	PEREZ, RAMON	401 Biscayne Blvd.	Miami, FL 33132
VPD	HUSTON, HOLLY	401 Biscayne Blvd.	Miami, FL 33132
SD	TERCILLA, RAUL D.	401 Biscayne Blvd.	Miami, FL 33132
		REINSTATEMENT 01-02	

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: _____ Raul D. Tercilla, Jr. 1/29/01 305-577-3344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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