


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		26 NOV 20 11 04:43	
DOCUMENT # N 26639					
1. Corporation Name BAY ESTATES @ RAINBOW LAKES HOA BOYNTON BEACH, FL 33437					
2. Principal Office Address PRIME MANAGEMENT Suite, Apt. #, etc.		3. Mailing Office Address 6300 R of COMMERCE BLVD Suite, Apt. #, etc.		REINSTATEMENT	
City & State BOCA RATON FL		City & State FL		4. Date Incorporated or Qualified To Do Business in Florida 5/1/03	
Zip 33487		Zip		5. FEI Number 650150750	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name PRIME MANAGEMENT GROUP					
Street Address (P.O. Box Number is Not Acceptable) 6300 R of COMMERCE BLVD					
Suite, Apt. #, Etc.					
City BOCA RATON					
State FL					
Zip Code 33487					
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 10/24/06					
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	ALLEN BOASTEIN	6276 LANSDOWNE CR	BOYNTON BEACH, FL 33437		
VD	ALFRED BARCH	6292 LANSDOWNE CR	BOYNTON BEACH, FL 33437		
ID	THERESA GOODMAN	8708 AUBREY LANE	BOYNTON BEACH, FL 33487		
SD	PATTI DUNLAP	8892 ODELL DRIVE	BOYNTON BEACH, FL 33487		
D	KATHERINE BONNER	6300 LANSDOWNE CR	BOYNTON BEACH, FL 33437		
33437					
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] Theresa Goodman 11/8/06 505/30329					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
TREASURER					