


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

26 NOV 20 11 09:43

DOCUMENT # N 26639

1. Corporation Name
BAY STATES @ RAINBOW LAKES HOA
BOYNTON BEACH, FL 33437

2. Principal Office Address PRIME MANAGEMENT Suite, Apt. #, etc.		3. Mailing Office Address 6300 PK of COMMERCE BLVD Suite, Apt. #, etc.	
City & State BOCA RATON		City & State FL	
Zip 33487	Country	Zip	Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 5/1/03

5. FEI Number 650150750 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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7. Name and Address of Current Registered Agent

Name	PRIME MANAGEMENT GROUP	400081957584
Street Address (P.O. Box Number is Not Acceptable)	6300 PK of COMMERCE BLVD	11/20/06--01061--004 **\$1.75
Suite, Apt. #, Etc.		400081957584
City	BOCA RATON	11/20/06--01061--005 **\$1.75.00
	State	Zip Code
	FL	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 Manlye A. Brown, LCAM Date 10/24/06

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
PD	ALLEN BANSSTEIN	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

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: Theresa Goodman Theresa Goodman 11/8/06 505/30329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TREASURER