APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 13 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # N40410

BAY CLUB AT AVENTURA CONDOMINIUM NO. TWO ASSOCIATION, INC.
888 Seventh Avenue, Suite 3400
New York, NY 10106-0199

2. If Address in Block 1 is incorrect in any way, list the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

REINSTATEMENT 95-96

City

500002004135--1
-11/14/96--01023--008
****840.00 ****297.50

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: October 19, 1990

4. FEI Number: 65-0147997

FEI Number Applied For
FEI Number Not Applicable

5. $8.75 Additional Fee Required for Certificate of Status
CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P D	Michael Mollod	888 7th Avenue, Suite 3400	New York, NY 10106-0199
VP D	Judith Bory	888 7th Avenue, Suite 3400	New York, NY 10106-0199
S	Antonina L. Spoto	888 7th Avenue, Suite 3400	New York, NY 10106-0199
T D	Kevin Collins	888 7th Avenue, Suite 3400	New York, NY 10106-0199

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JB 11-13-96

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Mr. Charles Sieger
20000 East Country Club Drive
North Miami Beach, FL 33180

8. Name and Address of New Registered Agent and/or Office

Name: James L. Berger, Esq.
Street Address (Do NOT Use P.O. Box Number): Berger & Davis, P.A.
Street Address (Do NOT Use P.O. Box Number): 100 NE 3rd Avenue, Suite 400
City and State: Ft. Lauderdale, FL Zip: 33301

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: James L. Berger — REGISTERED AGENT MUST SIGN — Date: 11/12/96

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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. 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 of Officer or Director: Judith Bory — Date: 11/11/96 — Daytime Phone #: 212-333-2100

Typed or printed name of signing officer or director: ____