JUL/14/2008/MON 01:06 PM FAX No. P.002

FILED

08 JUL 18 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43364

1. Corporation Name
Bayview at Fisher Island Condo. No. Two Assoc., Inc.

500133141615
07/18/08--01040--002 **236.25

REINSTATEMENT 08

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6 Fisher Island Drive	6 Fisher Island Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fisher Island , FL	City & State: Fisher Island , FL
Zip: 33109 Country:	Zip: 33109 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 5/13/1991

5. FEI Number: 650272630 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Aaron Swimmer
Street Address (P.O. Box Number is Not Acceptable): 1680 Michigan Avenue
Suite, Apt. #, Etc.: Suite 1014
City: Miami Beach State: FL Zip Code: 33139

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 07-14-08
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
Pres.	Jane Herron	5342 Fisher Island Drive	Fisher Island , FL 33109
Tres.	Arthur Halleran	5391 Fisher Island Drive	Fisher Island , FL 33109
Sec.	Laurie Kahn	5353 Fisher Island Drive	Fisher Island , FL 33109

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: Jane J Herron Jane J. Herron 07/17/08 305-672-6742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(6) 1/22 ap