

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # N93000003581

1. Corporation Name  
BAY DRIVE CONDOMINIUM ASSOCIATION, INC.

FILED  
01 OCT 22 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing Address: PROPERTY MANAGEMENT SERVICES  
8299 CORAL WAY  
MIAMI, FL 33155

Principal Place of Business: PROPERTY MANAGEMENT SERVICES  
8299 CORAL WAY  
MIAMI, FL 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, if Applicable: PROPERTY MANAGEMENT SERVICES  
Suite, Apt. #, etc.: 8299 CORAL WAY  
City & State: MIAMI, FLORIDA  
Zip: 33155 Country: U.S.A.

3. New Principal Office Address, if Applicable: PROPERTY MANAGEMENT SERVICES  
Suite, Apt. #, etc.: 8299 CORAL WAY  
City & State: MIAMI, FLORIDA  
Zip: 33155 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 1

5. FEI Number: 65-0686198

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD.	PAOLO LAFFORGE	6881 BAY DRIVE APT. 16	MIAMI BEACH, FL 33141
TD.	MANUEL RODRIGUEZ	6881 BAY DRIVE APT. 18	MIAMI BEACH, FL 33141
SD.	LIA MEDINA	6881 BAY DRIVE APT. 13	MIAMI BEACH, FL 33141

8. Name and Address of Current Registered Agent: PROPERTY MANAGEMENT SERVICES  
8299 CORAL WAY  
MIAMI, FL 33155

9. Name and Address of New Registered Agent

Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
Suite, Apt. #, Etc.: \_\_\_\_\_  
City: \_\_\_\_\_ State: FL Zip Code: \_\_\_\_\_

10. 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: [Signature] Date: 10/17/07

11. 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.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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: [Signature] Date: 10/19/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Paolo Lafforge, President

CREMAY (694)