PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 25 AM 8:01

DOCUMENT # N93000005639

1. Corporation Name

BAY HARBOR DEVELOPEMENT ASSOCIATION, INC.

REINSTATEMENT 01-02

2. Principal Office Address	**3.** Mailing Office Address
9790 East Bay Drive	20801 Biscayne Boulevard
Suite, Apt. #, etc.: Suite One	Suite, Apt. #, etc.: Suite 403
City & State: Bay Harbor Islands, FL	City & State: Aventura, FL
Zip: 33154 Country: US	Zip: 33180 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 12/10/93

5. FEI Number: 650459733 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Lisa I. Glassman, MA Esq.

Street Address (P.O. Box Number is Not Acceptable): 20801 Biscayne Boulevard

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Suite, Apt. #, Etc.: Suite 403

City: Aventura | State: FL | Zip Code: 33180

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: Lisa Glassman — REGISTERED AGENT MUST SIGN — Date: 8/20/02

CR2E081 (9/01)

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
P	Bill Tobias D	1017 Kane Concourse	Bay Harbor Islands, FL 33154
VP	Lisa I. Glassman, MA Esq.	20801 Biscayne Boulevard #403	Aventura, FL 33180
VP	Scott Hannon	224 West Flagler	Miami, FL 33130
S	Carolyn J. Feinster D	3389 Sheridan Street #287	Hollywood, FL 33021
T	Mitch Pomper D	7700 North Kendall Drive Suite# 605	Miami, FL 33156

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 under section 119.07(3)(i), 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: Lisa Glassman LISA GLASSMAN 9/10/02 305.792.7253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #