PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

AND FILED

02 MAR -8 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006787

1. Corporation Name
BAHIA MIRAMAR Homeowners ASSOCIATION INC.

REINSTATEMENT 2001-2002

2. Principal Office Address	**3.** Mailing Office Address
12323 SW 55 STREET	SAME
Suite, Apt. #, etc. 1002	Suite, Apt. #, etc. SAME
City & State COOPER CITY FLA	City & State SAME
Zip 33330 Country U.S.A.	Zip SAME Country

4. Date Incorporated or Qualified To Do Business in Florida 12-5-1997

5. FEI Number 65-0880701 ☐ 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: LANDMARK MANAGEMENT

700005183497--9
-04/02/02--01054--018
****297.50 ****297.50

Street Address (P.O. Box Number is Not Acceptable): 12323 SW 55 STREET

Suite, Apt. #, Etc.: 1002

City: COOPER CITY State: FL Zip Code: 33330

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 2-12-02
REGISTERED AGENT MUST SIGN

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
PD	JAMES DE COCQ	5330 SW 126 AVE.	MIRAMAR FLA 33027
VPD	JUAN ROMERO	12617 SW 53 CT	MIRAMAR FLA 33027
TSD	JUAN CARLOS CRUZ	12495 SW 53 ST	MIRAMAR FLA 33027

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: _____ 02/18/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #