


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 08 JAN 29 AM 10:53 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # 198000005099			
1. Corporation Name Biscayne Best Twin Homes Condominium Association, Inc.			
2. Principal Office Address - No P.O. Box # 15891 SW 288th St Suite, Apt. #, etc.		3. Mailing Office Address 5404 Pride Lane Suite, Apt. #, etc.	
City & State Homestead, FL Zip: 33033 Country: USA		City & State Hialeah Mills, NC Zip: 28348 Country: USA	
4. Date Incorporated or Qualified To Do Business in Florida 9/1/1998			
5. FEI Number 65-0910158 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name: Mayda J. Pla Street Address (P.O. Box Number is Not Acceptable): 1800 NW 24th Ave Suite, Apt. #, Etc.: 516 City: Miami State: FL Zip Code: 33135			
<input type="checkbox"/> 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: <u>Mayda J. Pla</u> Date: <u>1/16/2008</u> 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
P/D	Alberto Tavares	5404 Pride Lane	Hialeah Mills, NC 28348
S/D	Yolanda Tavares	5404 Pride Lane	Hialeah Mills, NC 28348
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: <u>Mayda J. Pla</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>1-24-08</u> 910-237-6509 Daytime Phone #	