2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000117227

Entity Name: BAY HARBOR REALTY, INC.

FILED Oct 18, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Business.	New Fillicipal Flace of Busiliess.

5201 BLUE LAGOON DR, SUITE 868 5201 BLUE LAGOON DR, MIAMI, FL 33126 SUITE # 828

SUITE # 828 MIAMI, FL 33126

Current Mailing Address: New Mailing Address:

5201 BLUE LAGOON DR, SUITE 868 5201 BLUE LAGOON DR,

MIAMI, FL 33126 SUITE # 828 MIAMI, FL 33126

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOLINA, DAVID A

ROSA, GODET
5201 BLUE LAGOON DR. SUITE 868
5201 BLUE LAG

5201 BLUE LAGOON DR, SUITE 868 5201 BLUE LAGOON DR, MIAMI, FL 33126 US SUITE # 828 MIAMI, FL 33126 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROSA GODET 10/18/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: GODET, ROSA Name: GODET, ROSA N

Address: 5201 BLUE LAGOON DR, SUITE 866 Address: 5201 BLUE LAGOON DR, SUITE 828

City-St-Zip: MIAMI, FL 33126 City-St-Zip: MIAMI, FL 33126

Name: SANCHEZ, MARIA Name: SANCHEZ, MARIA

Address: 5201 BLUE LAGOON DR, SUITE 866 Address: 5201 BLUE LAGOON DR SUITE # 828

City-St-Zip: MIAMI, FL 33126 City-St-Zip: MIAMI, FL 33126

Title: () Delete Title: P () Change (X) Addition

Name: Name: ROSA, GODET N P

Address: Address: 5201 BLUE LAGOON DR SUITE #828

City-St-Zip: City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSA NRUYS GODET P 10/18/2006