


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 OCT -3 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000171949

1. Corporation Name
900 BAY VIEW DRIVE UNIT 816 HOLDEINGS, INC

W11000047408

500212050705
09/13/11--01027--001 **500.00
500212050705
10/05/11--01024--001 **500.00

2. Principal Office Address - No P.O. Box # 1401 BRICKELL AVENUE		3. Mailing Office Address 1401 BRICKELL AVENUE	
Suite, Apt. #, etc. SUITE 500		Suite, Apt. #, etc. SUITE 500	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33131	Country USA	Zip 33131	Country USA

CR2E091 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida **12/27/2004**

5. FEI Number **45-0566510** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
GERARDO A VAZQUEZ

Street Address (P.O. Box Number is Not Acceptable)
1401 BRICKELL AVENUE

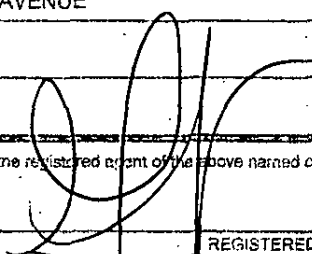
Suite, Apt. #, Etc.
SUITE 500

City
MIAMI

State
FL

Zip Code
33131

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 **09/02/2011**

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
DP	FRANCISCO CÚPELLO	1401 BRICKELL AVE SUITE 500	MIAMI, FL 33131

REINSTATEMENT 08-11

NSP
10/3/11

10. E-mail Address: **FCOCUPELLO@GMAIL.COM**
(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.165, F.S.

SIGNATURE:  Date **09/02/2011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR