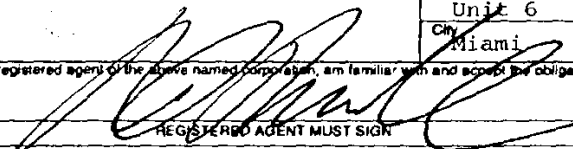
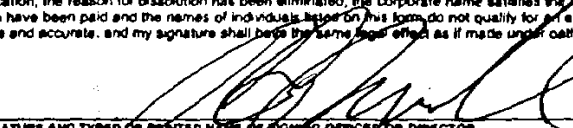


FORMS

FORM 123L

## Application for Reinstatement

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |  <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                                             |                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>DOCUMENT #</b> P94000011387                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                |                       |
| 1. Corporation Name<br>North Bay Homes, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                                                                                                                                                                                                                                |                       |
| Principal Place of Business<br>330 Alhambra Circle<br>Coral Gables, FL 33134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      | Mailing Address<br>(Same)                                                                                                                                                                                                                      |                       |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                |                       |
| 2. New Principal Office Address, if Applicable<br>1632 S. Bayshore Ct.<br>Suite, Apt. #, etc.<br>Unit 6<br>City & State<br>Miami, Florida<br>Zip<br>33133                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      | 3. New Mailing Office Address, if Applicable<br>(Same)<br>Suite, Apt. #, etc.<br>City & State<br>Zip<br>Country<br>USA                                                                                                                         |                       |
| 4. Date Incorporated or Qualified To Do Business in Florida<br>February 7, 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 5. FEI Number<br>65-0475029                                                                                                                                                                                                                    |                       |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> 38.75 Add Initial Fee required for a Certificate of Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | Applied For<br>Not Applicable                                                                                                                                                                                                                  |                       |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                                                                |                       |
| 1. Title(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)                                                                                                                                                         | 4. City / State / Zip |
| P/S/D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Richard A. Bunnell                   | 1632 S. Bayshore Ct., #6                                                                                                                                                                                                                       | Miami, Florida 33133  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                                                                                                                                                |                       |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                                                                                                                                                |                       |
| 8. Name and Address of Current Registered Agent<br>GERLIN, WM. L.<br>330 Alhambra Circle<br>Coral Gables, FL 33134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      | 9. Name and Address of New Registered Agent<br>Name<br>Richard A. Bunnell<br>Street Address (P.O. Box Number is Not Acceptable)<br>1632 S. Bayshore Ct.,<br>Suite, Apt. #, Etc.<br>Unit 6<br>City<br>Miami<br>State<br>FL<br>Zip Code<br>33133 |                       |
| 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.<br>Signature of Registered Agent  Date March 4, 1999<br>REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                                                                 |                                      |                                                                                                                                                                                                                                                |                       |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                                                                                                                                                                                                                                |                       |
| 12. 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      | March 4, 1999                                                                                                                                                                                                                                  |                       |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br>Richard A. Bunnell, President/Secretary/Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                                                                                                                                                                                                                |                       |

REINSTATEMENT 95-99

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