

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000083716

1. Corporation Name

BAVARIAN MANAGEMENT, INC.

FILED

01 MAY 31 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address
400 ROYAL PALM WAY STE 100 PALM BEACH FL 33480	400 ROYAL PALM WAY STE 100 PALM BEACH FL 33480

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/26/1997	
City & State		City & State		5. FEI Number	
Zip		Country		65-0783896	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	KIPP, THOMAS	400 ROYAL PALM WAY	PALM BEACH FL 33480

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-07/17/01--01092--012
***900.00 ***900.00

REINSTATEMENT 2000-01

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KIPP, THOMAS C 400 ROYAL PALM WAY SUITE 100 PALM BEACH FL 33480		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
		FL	

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.

Signature of Registered Agent: **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date: 10-30-00

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., 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: **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date: 10-30-00 Daytime Phone #: 561-853-9353

CR2E040 (8/00)