

CAPITAL CONNECTION

850 222 1222

09/27 '00 10:25 NO.814 04/05

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 OCT -3 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P970000103181**

1. Corporation Name

Terence Bay Estates, Corp.

2. Principal Office Address

407 Lincoln Rd. 4-E

Suite, Apt. #, etc.
4-E

City & State
Miami Beach, FL:

Zip
33139

Country
U.S.A.

3. Mailing Office Address

407 Lincoln Rd.

Suite, Apt. #, etc.
4-E

City & State
Miami Beach, FL:

Zip
33139

Country
U.S.A.

REINSTATEMENT 2000

4. Date Incorporated or Qualified
To Do Business in Florida 12/8/97

5. FEI Number
650850961

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mark D. Balzli, Esquire

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

407 Lincoln Rd. Suite 4-E

Suite, Apt. #, Etc.

City

Miami Beach

State
FL

Zip Code
33139

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

X

REGISTERED AGENT MUST SIGN

Date

10/02/00

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
PSTV	Lewkowicz, Bernhard	407 Lincoln Road # 4-E	Miami Beach, FL 33139
D	Lewkowicz, Bernhard	407 Lincoln Road # 4-E	Miami Beach, FL 33139

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****758.75 ****758.75

10. I certify that I am an officer or director or the registered agent 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)(l), 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 X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/02/00 (305) 227

Date

Daytime Phone #