

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P97000103181**

1. Corporation Name

Terence Bay Estates, Corp.

REINSTATEMENT 2000

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.

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

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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10. 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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/02/00 (305)

Daytime Phone #