PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 12 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706771

REINSTATEMENT 01-04

1. Corporation Name
320 CHILEAN CONDOMINIUM, INC.

2. Principal Office Address	3. Mailing Office Address
320 CHILEAN AVE	320 CHILEAN AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH, FL	City & State: PALM BEACH, FL.
Zip: 33480 Country: PALM BEACH	Zip: 33480 Country: PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida: 01/30/1964

5. FEI Number: 591060405 ☐ 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: BARRY MILLER

Street Address (P.O. Box Number is Not Acceptable): 226 CHILEAN AVENUE

Suite, Apt. #, Etc.:

City: PALM BEACH | State: FL | Zip Code: 33480

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: Barry Miller (REGISTERED AGENT MUST SIGN) Date: 11/10/04

CR2E081 (01/04)

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
PD	ALBERT OLIVER	320 CHILEAN AVE. #7	PALM BEACH FL 33480
VD	DOUGLAS FREDRICKS	320 CHILEAN AVE # 6	PALM BEACH FL 33480
SD	FAYE CALEEN	320 CHILEAN AVE #8	PALM BEACH FL 33480
TD	CHRIS TALTY	320 CHILEAN AVE # 1	PALM BEACH FL 33480
			100042696841 11/12/04--01057--006 **420.00

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)(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: 11/10/04 (561)835-9182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ALBERT OLIVER, PRESIDENT

Date | Daytime Phone #