

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 29 PM 3:50


SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

600023400516

09/29/03--01060--001 **236.25

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707557

1. Corporation Name
Nonnie Sue, Inc., A Condominium

Principal Office Address 543 Meridian Avenue		3. Mailing Office Address c/o Regatta Real Estate	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 628 6th Street - 2nd Flr	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33139	Country	Zip 33139	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-6169446

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

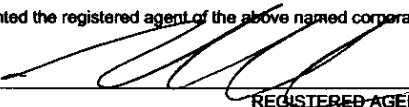
Name **Tim Voda**

Street Address (P.O. Box Number is Not Acceptable) **c/o Regatta Real Estate Management, Inc.**

Suite, Apt. #, Etc. **628 6th Street - 2nd Floor**

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.

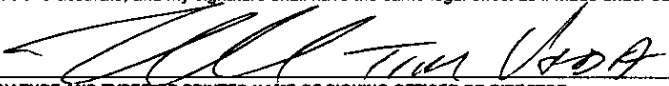
Signature of Registered Agent  Date **9/25/03**

REGISTERED AGENT MUST SIGN

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
DP	Alfredo Martines	543 Meridian Ave	Miami Beach, FL 33139
DS	America Gomez	543 Meridian Ave	Miami Beach, FL 33139
DT	Kurt Menn	543 Meridian Ave	Miami Beach, FL 33139
AT	Tim Voda	628 6th Street - 2nd Floor	Miami Beach, FL 33139

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:  **Tim Voda** 9/25/03 505 073 1740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

21 9/30

CR2E081 (10/02)