

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 NOV 27 AM 11:47

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711479

1. Corporation Name

THIRD HORIZONS CONDOMINIUM INC

300112600123
11/27/07--01024--005 **236.25

REINSTATEMENT 07

2. Principal Office Address - No P.O. Box #

1530 NE 191 St

Suite, Apt. #, etc.

3. Mailing Office Address

1530 NE 191 St

Suite, Apt. #, etc.

City & State

N. Miami Beach, FL

Zip

33179

Country

USA

City & State

N. Miami Beach, FL

Zip

33179

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/13/1966

5. FEI Number

29115532

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

Reliable Property Management Services Inc.

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

18590 NW 67th Ave, Ste 200B

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33015

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 11-20-07

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 |
|--------|-----------------------------------|--|-------------------------|
| P | Albert Rivera | 1530 NE 191 St # 241 | N. Miami Beach FL 33179 |
| V | Martha Suarez | 1530 NE 191 St # 206 | N. Miami Beach FL 33179 |
| T | Felicia Alamina | 1530 NE 191 St # 302 | N. Miami Beach FL 33179 |
| S | Olga Beltran | 1530 NE 191 St # 326 | N. Miami Beach FL 33179 |
| D | Alicia Artiga | 1530 NW 191 St # 308 | N. Miami Beach FL 33179 |
| D | Cynthia Loewy | 1530 NW 191 St # 303 | N. Miami Beach FL 33179 |

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 contained in Chapter 119, 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

11/16/07

Date

(954) 401-7600

Daytime Phone #