


2009 Not-For-Profit Corporation Annual Report

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 712191			09 MAY 13 PM 3:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA
1. Corporation Name Point East Three Condo. Corp. Inc			
2. Principal Office Address - No P.O. Box # 7895 Point East Dr.		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Aventura, FL		City & State	
Zip 33160	Country USA	Zip	Country
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida	
Name Luis Nunes		5. FEI Number 59-1279381	
Street Address (P.O. Box Number is Not Acceptable) 2905 Point East Dr.		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, Etc. L-607		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City Aventura	State FL	Zip Code 33160	
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 Luis A. Nunes		Date 04-22-09	
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	Luis Nunes	2905 Point East Dr. L-607	Aventura, FL 33160
VP	Abraham Gencen	2903 Point East Dr. K-207	Aventura, FL 33160
T	Lance Gurian	2910 Point East Dr. M606	Aventura, FL 33160
S	Buton Lederman	2910 Point East Dr. M-510	Aventura, FL 33160
D	Arthur Ruben	2905 Point East Dr. L-415	Aventura, FL 33160
\$1515			
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: Luis A. Nunes		Date: 04-22-09	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #