PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -7 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713826

1. Corporation Name

THREE SEASONS ASSOCIATION NO. 2, INC.

REINSTATEMENT 02-04

2. Principal Office Address	**3.** Mailing Office Address
16400 NORTHEAST 17 AVENUE	16400 NORTHEAST 17 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH MIAMI BEACH, FLORIDA	City & State: NORTH MIAMI BEACH, FLORIDA
Zip: 33162 / Country: USA	Zip: 33162 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 12/20/1967

5. FEI Number 591265698 ☐ 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: STRALEY & OTTO, P.A.

Street Address (P.O. Box Number is Not Acceptable): 3990 SHERIDAN STREET

700035765467
05/07/04--01079--017 **358 75

Suite, Apt. #, Etc.: SUITE 109

City: HOLLYWOOD | State: FL | Zip Code: 33021

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 4/22/04

REGISTERED AGENT MUST SIGN

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
P	GIL EUSEBIO	16400 NE 17 AVENUE, #607	NORTH MIAMI BEACH, FL 33162
1VP	SERGE JOSEPH	16400 NE 17 AVENUE, #407	NORTH MIAMI BEACH, FL 33162
2VP	JEAN LEVERT	16400 NE 17 AVENUE, #608	NORTH MIAMI BEACH, FL 33162
S/T	HELENA LUEIRO	16400 NE 17 AVENUE, #605	NORTH MIAMI BEACH, FL 33162
D	CARLOS SARMIENTOS	16400 NE 17 AVENUE, #706	NORTH MIAMI BEACH, FL 33162
D	JOSE PORTILLO	16400 NE 17 AVENUE, #408	NORTH MIAMI BEACH, FL 33162

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: Gil Eusebio Gil Eusebio, President 4/26/04 786/346-9083

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