

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherin Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -8 PM 4:40

DOCUMENT # 717229

1. Corporation Name

821 - 82ND STREET CONDOMINIUM, INC.

2. Principal Office Address

825 NW 15TH STREET

Suite, Apt. #, etc.

City & State

HOMESTEAD, FLORIDA

Zip

33030

Country

USA

3. Mailing Office Address:

825 NW 15TH STREET

Suite, Apt. #, etc.

City & State

HOMESTEAD, FLORIDA

Zip

33030

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

09/23/1969

5. FEI Number

N/A

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 99-01

7. Name and Address of Current Registered Agent

Name

OSCAR MIRANDA

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

825 NW 15TH STREET 300004315899-8

Suite, Apt. #, Etc.

05/24/01-01097-004
****673.75 ****673.75

City

HOMESTEAD

State
FL

Zip Code

33030

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

[Signature]

Date 05/02/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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	OSCAR MIRANDA	825 NW 15TH STREET	HOMESTEAD, FL 33030
VD	CARLOS A PONTE	821 - 82ND STREET N° 3	MIAMI BEACH, FL 33141
STD	CAROL GERSHMAN	3 ISLAND AVE APT. 12-L	MIAMI BEACH, FL 33139-5024

[Signature]

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:

[Signature] OSCAR MIRANDA

05/02/01

305-242-8179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)