PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ARMEN APARTMENT CONDOMENTUM ASSOCIATION, INC. 2. Principal Office Address 7. Principal Office Address 7. Principal Office Address 8. Mailing Office Address 7. Principal Office Address 8. Mailing Office Address 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 9. Names and Street Address of Each Officer and for Director (Florida namporal corporations must list at least 3 directors) 1. Tides 1. One and for Director 1. Mailing Officer of director of the Registered Agent 1. Description of Registered Agent 1. Description of Control of Cont	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF ST Secretary of State DIVISION OF CORPORATIONS	TATE	FILED 05 NOV 16 AM 5: 10	
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2. Principal Office Address 3. Mailing Office Address 7.7.7. O TO D Business in Florida Suite, Apt. 8, etc. VORTIAN INTEREST (8705) Suite, Apt. 8, etc. VORTIANT, FL City & State City & State City & State City & State County Date To Description	ARMEN APARTMENT CONDOMENTUM				
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3.3/4/ USA 3.3/6/ USA CERTIFICATE OF STATUS DESIRED	MIAMI BEACH, FL				
Street Address if P.O. Box Number is Not Acceptable). Street Address if P.O. Box Number is Not Acceptable). BIV C. State Zip Code FL. 350-N City HO HY WULD State Zip Code FL. 3802/ 8. I, being appointed the registered agent of the address agent of the address agent of the address agent must end accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Addresses of Each Officer and/or Director Date // 74/05 Registered Agent Regi			6.	S8 75 Additional Formation	
Street Address (P.O. Box Number is Net Acceptable) Suite, Apt. #, Etc. Gry HOHY WOULD 8. 1, being appointed the registered agent of the accept among deportation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Reg					
Registered Agent REGISTERED AGENT MUST-BIGN 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 Officer and/or Director REGISTERED AGENT MUST-BIGN Street Address of Each Officer and/or Director Officer and/or Director Officer and/or Director N. H. I. M. F. C. 33 1.6 / N. C. L.	Street Address (P.O. Box Number is Net Acceptable) 4000 HOWWOOD BIVE Suite, Apt. #, Etc. #-350-N				
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip PRODUCT ALIEN CHELMINSKY 13315 NE 6th AUX #1 N.H.IM.(PL 3316) VICE State - Zept DANGELO - 7770 - 74701 WARRWOOD #3 / N.B. PL 331.41 10. I certify that I am an officer or director of 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	Registered Agent Date Date				
PRESIDENT ALIEN CHELMINSKY 13315 NE 6th ANK #1 N. HIMLER 3316/ NICEBRE DAY DANGELO 7770 TAKIN WARRING #3 N. B. P.C. 337.44/ 10. I certify that I am an officer or director whe 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	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
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owed by the corporation have been raid 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: SIGNATURE AND EXPED OR PRINTED HAMBOF SIGNING OFFICER OR DIRECTOR Date Date Date					

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ARMEN CONDO ASSOCIATION

7772 TATUM WATERWAY DR

Miami Beach, FL 33141 Tel. (305) 899-2005

10/03/05

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

To Whom It May Concern:

We are writing this letter to inform that we were just informed by our attorney that our association has not renewed its annual report since the year 2000.

We did not receive any renewal notices from you or perhaps it was mailed elsewhere. Therefore, we are informing you of our current mailing address

13315 NE 6 AVE/Office North Miami, Fl 33161.

Enclosed are 2 checks. Check # 1160 is for 306.25 for the renewal fees for the years 2001 thru 2005.

Check # 1161 is for \$175.00 - re-instatement fee. However, we kindly request that you waive this fee and return this check to us because we did not pay as a result of not receiving the annual payment notices.

We hope that you accept our request and re-instate our corporation.

Thank you,

Allen Chelminsky

President

Armen Condo Association