

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DOCUMENT # 760105

1. Corporation Name
CORDUNA COURT CONDOMINIUM, INC.

2. Principal Office Address
800 So. Dixie Highway

3. Mailing Office Address
6915 Red Rd.

Suite, Apt. #, etc.
202

City & State
Miami, FL **Coral Gables, FL**

Zip Country Zip Country
33146 **MI** **33143** **MIAMI-DADE**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number Applied For
59-2215948 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

FILED
01 SEP 10 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name
Michael E. Rehr **800004603308-2**

Street Address (P.O. Box Number is Not Acceptable)
9500 S. Dadeland Blvd. **-09/20/01--01078-023**

Suite, Apt. #, Etc.
Suite 550 ******122.50 **** 22.50**

City State Zip Code
Miami, FL **33156**

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
MICHAEL E. REHR REGISTERED AGENT MUST SIGN

Date
7/27/01

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
D/Pres.	Juan Carlos Montana	427 Blue Road	Coral Gable, FL 33146
Dir.	Jacinto Rigal	800 S. Dixie Hwy. #101	Coral Gables, FL 33146
Dir.	Madeline Chatt	800 S. Dixie Hwy. #107	Coral Gables, FL 33146

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: **Juan Carlos Montana** **305-418-3988**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Page 2 of 2



Florida Trust Properties Inc.

CECILY SILBERMAN, PRESIDENT
REGISTERED REAL ESTATE BROKER

6915 RED ROAD SUITE 202 CORAL GABLES, FLORIDA 33143 (305) 665-9229

July 13, 2001

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

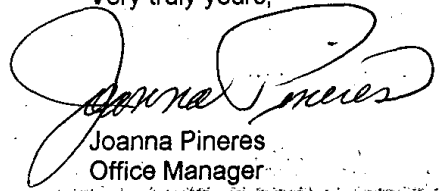
Re: Corporation Reinstatement

To Whom It May Concern:

This office has not received any notifications during the year 2000 or to date for filing our corporation with the state. Please waive all late fees due and accept the enclosed check of \$122.50 to bring our account current.

If you have any questions, please call between 12 noon and 5 P.M.

Very truly yours,


Joanna Pineres
Office Manager