

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 OCT 11 AM 11: 22		
DOCUMENT # 765017  1. Corporation Name			TALLAHASSEE, FLORIDA		
HAMPTONS WEST CONDOMINIUM ASSOCIATION, INC.					
2. Principal Office Address - No P.O. Box # 3. Mailing O 20281 EAS		office Address ST COUNTRY CLUB DRIVE		ISTATEMENT	07
Suite, Apt. #, etc. Suite, Apt. #, 6				orated or Qualified 09/15	5/1982
City & State AVENTURA, FL City & State AVEN		ITURA, FL		9187	Applied For
33180 ÜSA	<sup>Zip</sup> 33180	Country	6.	OF STATUS DESIRED \$8.75 A	Not Applicable  dditional Fee required Certificate of Status
7. Name and Address of Current Registered Agent EISINGER, BROWN, LEWIS & FRANKEL, P.A. ATT TO: PDENINGS J. EISINGER, ESQUIRE 4000 Hollywood Blvd., Suite 265-S Hollywood FL 33021			The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.  1011107-01010-035 **61.25		
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 1012107					
9. Names and Street Addresses of Each Officer and	l/or Director (Florida nonpro		<u> </u>	Andra	
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		State / Z	Cip
D/P FRANCES A. MA	ARKIS 20281	20281 EAST COUNTRY CLUB DRIVE		AVENTURA, I	FL 33180
D/VP SAUL WAGENB	ERG 20281	20281 EAST COUNTRY CLUB DRIVE		AVENTURA, I	FL 33180
D/S MARCOS RODRI	GUEZ 20281	0281 EAST COUNTRY CLUB DRIVE		AVENTURA, F	FL 33180
D/T ED YELON	20281	20281 EAST COUNTRY CLUB DRIVE		AVENTURA, F	FL 33180
D STEVEN GRANS	SON 20281	20281 EAST COUNTRY CLUB DRIVE		AVENTURA, F	FL 33180
D BERLE COHEN	20281	20281 EAST COUNTRY CLUB DRIVE		AVENTURA, F	FL 33180
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:  SIGNATURE AND TYPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Davine Phone #					