PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 OCT 30 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767070

1. Corporation Name

EXPO TOWERS CONDOMINIUM ASSOCIATION INC.

800001997388--4
-11/06/96--01031--008
****910.00 ****910.00

REINSTATEMENT 85-96
DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 2290/95 WEST 53 P1<br>HIALEAH, FL. 33016 | C/O TROPICANA REALTY INC.<br>3742 WEST 12 Ave.<br>HIALEAH, FL. 33012 |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| 2. New Principal Office Address, If Applicable | | 3. New Mailing Address, If Applicable | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-2674951 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| P/D | EDUARDO A. ALJURE | 10995 S.W. 173 TERRACE | MIAMI, FL. 33157 |
| T/D | JOSE J. CALVO | 2295 WEST 53 PLACE #204 | HIALEAH, FL. 33016 |
| S/D | MARVIN VILLAGRA | 2295 WEST 53 PLACE | HIALEAH, FL. 33016 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: HENRY HERNANDEZ
Street Address (P.O. Box Number is Not Acceptable): TROPICANA REALTY INC.
Suite, Apt. #, Etc.: 3742 WEST 12 Ave.
City: HIALEAH | State: FL | Zip Code: 33012

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent: Henry Hernandez — REGISTERED AGENT MUST SIGN — Date: 10/21/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: EDUARDO ALJURE / PRESIDENT — 10-25-96 — (305) 254-2189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E012 (6/96)