


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL
AND
FILED

03 OCT 13 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **767350**

1. Corporation Name
21/22 Condominium Association, Inc.

100023759201
10/13/03--01085--021 **297.50

REINSTATEMENT 02-03

| | | | |
|--|-----------------------|--|---------|
| 2. Principal Office Address 9655 South Dixie Highway | | 3. Mailing Office Address Same | |
| Suite, Apt. #, etc. 200 | | Suite, Apt. #, etc. | |
| City & State Miami, FL | | City & State | |
| Zip 33156 | Country USA | Zip | Country |

4. Date Incorporated or Qualified To Do Business in Florida **9/1/83**

5. FEI Number **59-2719935**

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

7. Name and Address of Current Registered Agent

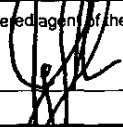
Name **Jeremy S. Larkin**

Street Address (P.O. Box Number is Not Acceptable)
9655 S. Dixie Hwy

Suite, Apt. #, Etc. **Suite 200**

City **Pinecrest** State **FL** Zip Code **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 

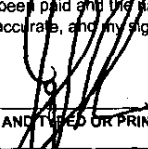
REGISTERED AGENT MUST SIGN

Date **10/7/03**

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 |
|--------|-----------------------------------|--|-----------------------|
| P | Michael Wright | 1600 Pine Bluff Avenue | Orlando, FL 32806 |
| V | Robert Eckstein | 9655 South Dixie Hwy, #200 | Miami, FL 33156 |
| T | Tim Jackson | 2274 Dogwood Glenn Cove | Germanatown, TN 38139 |
| S | Jeremy S. Larkin | 9655 South Dixie Hwy #200 | Miami, FL 33156 |
| | | | |

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 AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/7/03** Daytime Phone # **305-988-1000**

CR2E081 (10/02)