FILED
04 JAN 26 AM 9:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000000088

1. Corporation Name
200 OCEAN DRIVE CONDOMINIUM ASSOCIATION, INC.

REINSTATEMENT 01-04

2. Principal Office Address		3. Mailing Office Address	
1320 S. DIXIE HIGHWAY		1320 S. DIXIE HIGHWAY	
Suite, Apt. #, etc. 781		Suite, Apt. #, etc. 781	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
Zip 33146	Country USA	Zip 33146	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/05/00

5. FEI Number — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name GARY L. BROWN, ESQ.

400027604744
01/26/04--01071--007 **120.00

Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD

Suite, Apt. #, Etc. 265-S

City HOLLYWOOD | State FL | Zip Code 33021

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 01/14/02
REGISTERED AGENT MUST SIGN

CR2E084 (10/02)

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
PD	SCOTT A. GREENWALD	1320 S. DIXIE HIGHWAY, SUITE 781	CORAL GABLES, FL 33146
VPD	ALLEN R. GREENWALD	1320 S. DIXIE HIGHWAY, SUITE 781	CORAL GABLES, FL 33146
STD	ANA KEARSON	1320 S. DIXIE HIGHWAY, SUITE 781	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: _____ 1/14/04 305-667-2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #