

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 21 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-04

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000002022

1. Corporation Name
210 MENDOZA AVENUE
CONDOMINIUM ASSOCIATION, INC

2. Principal Office Address
210 MENDOZA AVE
Suite, Apt. #, etc.

3. Mailing Office Address
C/O GRIFFIN REALTY
2050 CORAL WAY
Suite, Apt. #, etc. 305

City & State
CORAL GABLES, FLA.
City & State MIAMI FLORIDA

Zip 33134 Country DADE
Zip 33145 Country DADE

4. Date incorporated or Qualified To Do Business in Florida

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 GRIFFIN REALTY, INC

Street Address (P.O. Box Number is Not Acceptable) 2050 CORAL WAY, 100037432411
05/26/04--01049--015 **42 .00

Suite, Apt. #, Etc. SUITE # 305 State FL Zip Code 33145

City MIAMI

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 [Signature] Date 5/6/04

REGISTERED AGENT MUST SIGN

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.	NAN MELON	1005 GORTAZ STREET	CORAL GABLES, FLA 33134
VP SEC	MATHEW E. PIPKIN	210 MENDOZA AVE # 5	CORAL GABLES, FLA 33134

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: Matthew E. Pipkin] Date 5/6/04 Daytime Phone # (305) 860-0944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CREATED 10/1/04