

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 OCT 28 AM 10:00

DOCUMENT # N07000002705

1. Corporation Name

THE BREEZE CENTER CONDOMINIUM ASSOÇ

2. Principal Office Address - No P.O. Box #

20801 Biscayne Blvd

3. Mailing Office Address

20801 Biscayne Blvd

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

Suite 301

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

US

Zip

33180

Country

US

4. Date Incorporated or Qualified To Do Business in Florida 3/13/2007

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

Joel Eidelstein

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

20801 Biscayne Blvd

Suite, Apt. #, Etc.

Suite 301

City

Aventura

State

FL

Zip Code

33180

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.

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 10/26/2009

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/D	Mark Feldman	20801 Biscayne Blvd, Suite 301	Aventura, FL 33180
S/D	Joel Eidelstein	20801 Biscayne Blvd, Suite #301	Aventura, FL 33180
VP/D	Jorge Orta	10635 N.W. 122nd Street	Medley, FL 33179

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10/28/09- 01042--002 \*\*297.50

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:

Joel Eidelstein

10/26/2009

Date

3055121123

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REINSTATEMENT 08-09 KS