PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -1 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000311

1. Corporation Name

THE TROPICAL RESORT CONDOMINIUM, INC

2. Principal Office Address	3. Mailing Office Address
6865 BAY DRIVE	P.O BOX 190239
Suite, Apt. #, etc. BOX 24	Suite, Apt. #, etc.
City & State MIAMI BEACH, FLORIDA	City & State MIAMI BEACH, FLORIDA
Zip 33141 Country USA	Zip 33119 Country USA

500031689735
04/01/04--01025--023 **297.50

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0580076 — 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 DOMINIQUE BAILLOL

Street Address (P.O. Box Number is Not Acceptable) 208 JEFFERSON AVENUE

REINSTATEMENT 03-04

Suite, Apt. #, Etc. #116

City MIAMI BEACH | State FL | Zip Code 33139

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 C.AM. Date 03/25/2004
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	O'CONNOR JOSEPH ~~6865 BAY DRIVE~~	6865 BAY DRIVE # 21	MIAMI BEACH, FL 33141
VP/D	ALBERTO LATORRE	6865 BAY DRIVE # 22	MIAMI BEACH, FL 33141
SEC/D	SERGIO STEPHANOU	6865 BAY DRIVE # 20	MIAMI BEACH, FL 33141
TRES/D	RAFAEL TRELLES	6865 BAY DRIVE #17	MIAMI BEACH, FL 33141
DIR/	MARCUS VALENTINE	6865 BAY DRIVE #18	MIAMI BEACH, FL 33141

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: J O'Connor (305)8682085 3/25/04 305 864 8310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #