

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 11 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002846**

1. Corporation Name
*The Exotic Villas Condominium
Association, Inc.*

2. Principal Office Address - No P.O. Box #
1605 Michigan Ave

Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL

Zip Country
33139 U.S.A.

3. Mailing Office Address
1605 Michigan Ave

Suite, Apt. #, etc.

City & State
MIAMI BEACH FL

Zip Country
33139 U.S.A.

REINSTATEMENT
CR2E081 (12/07)

0308
[Signature]

4. Date Incorporated or Qualified To Do Business in Florida
1994

5. FEI Number
65-0500410

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
BARRY GOLLOP

Street Address (P.O. Box Number is Not Acceptable)
1605 MICHIGAN AVE

Suite, Apt. #, Etc.

City State Zip Code
MIAMI BEACH FL 33139

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 *[Signature]* Date *JANUARY 7 2008*
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 |
|------------|-----------------------------------|--|------------------------------|
| <i>P/D</i> | <i>BARRY GOLLOP</i> | <i>1605 Michigan Ave</i> | <i>MIAMI BEACH, FL 33139</i> |
| <i>V/D</i> | <i>JOHN SCHOEMANN</i> | <i>911 N. Golf Dr</i> | <i>HOLLYWOOD, FL 33021</i> |
| <i>T/D</i> | <i>GIUSEPPE DI MURO</i> | <i>945 16th St</i> | <i>MIAMI BEACH, FL 33139</i> |
| | | | |
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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: *[Signature]* *BARRY GOLLOP* Date *JANUARY 7 2008* 305-531-0561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

PS/D