


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 OCT 25 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

T. Roberts OCT 28 2005
600060916766
10/25/05--01031--002 ***358.75
CR2E081 (8/05)

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N 96 000004650</u> 1. Corporation Name <u>Tigers Ten Condominium Association</u>	
2. Principal Office Address <u>2987 Bird Ave</u> Suite, Apt. #, etc.	3. Mailing Office Address <u>2987 Bird Ave</u> Suite, Apt. #, etc.
City & State <u>Miami FL</u>	City & State <u>Miami FL</u>
Zip <u>33133</u> Country <u>USA</u>	Zip <u>33133</u> Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>1978</u>	
5. FEI Number <u>59-1795191</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>Melanie Barnick</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>2987 Bird Ave</u>	
Suite, Apt. #, Etc. <u>Miami FL</u>	
City <u>Miami</u>	State <u>FL</u>
Zip Code <u>33133</u>	

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: 10/14/05

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
Pres	Bruce Jacobs	2971 Bird Ave	
VP	Marissa McDonald	2977 Bird Ave	Miami FL 33133
Sec	Melanie Barnick	2987 Bird Ave	

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] Date: 10/14/05 Daytime Phone #: 786 2365240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR