

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 AUG 14 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 17000000770  
1. Corporation Name  
VENETIAN VILLAS OF SOUTH BEACH  
CONDOMINIUM ASSOCIATION, INC

2. Principal Office Address  
747 Michigan Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami Beach, FL

City & State

Zip  
33139 Country  
U.S.A.

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
12/4/97

5. FEI Number  
650809675 Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$0.75 Additional Fee Required for Certificate of Status

REINSTATEMENT 10/1

7. Name and Address of Current Registered Agent

Name DAVID PHILIPS, ESQ 400004562954--6  
-08/30/01--0108--007  
Street Address (P.O. Box Number is Not Acceptable) 757 WASHINGTON AVENUE \*\*\*\*297.50 \*\*\*\*297.50  
Suite, Apt. #, Etc. Second Level LS  
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 607.0605 or 617.0603, F.S.  
Signature of Registered Agent David Philips Date 8/7/01  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Paul Schneider	747 Michigan Ave # 102	Miami Beach, FL 33139.
TD	JESSA Whitehead	747 Michigan Ave # 306	Miami Beach, FL 33139
VPD	John Goodwin	747 Michigan Ave # 106	Miami Beach FL 33139.
S	James Costigan	747 Michigan Ave # 304	Miami Beach, FL 33139.
D	MARINA RODRIGUEZ	5511 SW 132 Ave	Miami, FL 33175

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: Jessa Whitehead 8/7/01 305-532-7878  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

236-25-ADD  
61-25-AR