

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N970000006770

1. Corporation Name

VENETIAN VILLAS OF SOUTH BEACH
CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

747 MICHIGAN AVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33139

Country

U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/97

5. FEI Number

650809675

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

JOAN DENNETT

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

518 NE 72 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33138

300008760263
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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

Joan Dennett

REGISTERED AGENT MUST SIGN

Date 10/29/02

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
PD	SCHNEIDER, PAUL	747 MICHIGAN AVE #102	MIAMI BEACH, FL 33139
ST	COSTIGLION, JAMES	747 MICHIGAN AVE #304	MIAMI BEACH, FL 33139
D	BOULAIRE, FRANCIS	747 MICHIGAN AVE #204	MIAMI BEACH, FL 33139

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:

Paul Schneider

PAUL SCHNEIDER, 10/29/02 305-587-7878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EDB1 (9/01)