

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
00 NOV 20 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # 712156**

**1. Corporation Name**

EDGEWATER EAST CONDOMINIUM APARTMENTS II, INC.

**2. Principal Office Address**

6855 EDGEWATER DR.

**3. Mailing Office Address**

% C.P.M. CORP.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

170 OCEAN LANE DRIVE

City & State

CORAL GABLES, FL.

City & State

KEY BISCAYNE, FL.

Zip

33133

Country

USA

Zip

33149

Country

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**  
01/25/1967

**5. FEI Number**

59-2219524

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

CERTIFIED PROPERTY MANAGEMENT % ALBERTO COHEN

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

170 OCEAN LANE DRIVE

Suite, Apt. #, Etc.

City

KEY BISCAYNE

State

FL

Zip Code

33149

**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

11/17/00

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	PAUL DONNER	6855 E. EDGEWATER DR, #3A	CORAL GABLES, FL. 33133
VP	CHRISTOPHE BARAT	6855 E. EDGEWATER DR, #3B	CORAL GABLES, FL. 33133
SECY	DOROTHY O'CONNER	6855 E. EDGEWATER DR, #1C	CORAL GABLES, FL. 33133
TREAS	STEVEN P. ELSON	7260 S.W. 116TH STREET	PINECREST, FL. 33156
DIR	PASCAL NICOLLE	3465 PALMETTO AVE	COCONUT GROVE, FL. 33133

**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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN P. ELSON

Date

8/4/00

Daytime Phone #

305-529-5380

CR2E081 (9/99)