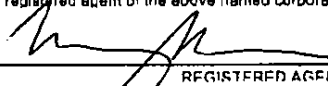
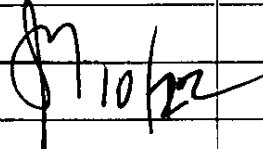
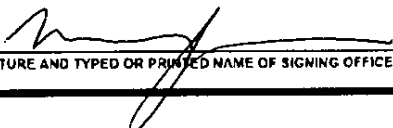


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 OCT 17 PM 12:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N 38500					
1. Corporation Name LOT 2, BLOCK, 1, BARBARA'S HAMMOCK CONDO. CORP.					
2. Principal Office Address - No P.O. Box # 3213 Matilda St.		3. Mailing Office Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Coconut Grove, FL		City & State 			
Zip 33133	Country US	Zip 	Country 		
4. Date Incorporated or Qualified To Do Business in Florida 06/07/1990					
5. FE Number 650278784				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 Maury Udell Street Address (R.O. Box Number Not Acceptable) 3213 Matilda Street Suite, Apt. #, Etc. City & State Coconut Grove					
		State FL	Zip Code 33133		
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  Date 10/11/07 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 Officer and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PD/DT	Maury Udell	3213 Matilda St.		Coconut Grove, FL 33133	
VDS	Michael Eskra	3211 Matilda St.		Coconut Grove, FL 33133	
				400110872084 10/17/07--01006--018--**245.10	
				400110872084 10/17/07--01006--017--**175.10	
				400110872084 10/17/07--01006--018--**8.75	
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 118, 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: 		Date 10/11/07		Daytime Phone # 305-349-3930	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					