PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 18, 2007 8:00 A.M.
Secretary of State

DOCUMENT # N 05000009548

1. Corporation Name

CITY CENTER CONDOMINIUM ASSOCIATION, INC

LY 12.19.07

REINSTATEMENT CR2E081 (1/07) 06-07

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
17 E FLAGLER STREET	PO BOX 13351
Suite, Apt. #, etc.: SUITE 111	Suite, Apt. #, etc.:
City & State: MIAMI FL	City & State: Miami FL
Zip: 33131 Country:	Zip: 33101 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 9/15/2005

5. FEI Number: ☑ 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: Jeff Sherman

Street Address (P.O. Box Number is Not Acceptable): 17 East Flagler Street

Suite, Apt. #, Etc.: SUITE 219

City: Miami State: FL Zip Code: 33131

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Dec 13, 2007
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
P	Jeff Sherman	17 East Flagler St #219	Miami FL 33131
vp	Thelma Sherman	17 East Flagler ST 219	Miami FL 33131
ST	Lilianna Di Cesare	17 East Flagler ST 219	Miami FL 33131

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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 119, 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.

3053750720

SIGNATURE: _____ Dec 13, 02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #