2009 Not-For-Profit Corporation Annual Report

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY -1 PM 3:04

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710327

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CR2E081 (12/08)

1. Corporation Name

Point East One Condo. Corp. Inc.
2895 Point East Drive
Aventura, FL 33160

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
2895 Point East Dr.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Aventura, FL	City & State
Zip: 33160 Country: U.S.A.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-1281161 ☐ 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: Ina Rosen

Street Address (P.O. Box Number is Not Acceptable): 2895 Point East Drive

Suite, Apt. #, Etc.

City: Aventura State: FL Zip Code: 33160

☐ 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: Ina Rosen — REGISTERED AGENT MUST SIGN — Date: 4/15/09

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	Ina Rosen	2999 Point East Dr. Apt. C-208	Aventura, FL 33160
VP	Idalia Yumart	2980 Point East Dr. Apt. D-101	Aventura, FL 33160
T	Judith A. Balas	2980 Point East Dr. Apt. D-514	Aventura, FL 33160
S	Rhea Feinartz-Hohman	2999 Point East Dr. Apt. B-314	Aventura, FL 33160
D	Carol Nesker	2999 Point East Dr. Apt. C-210	Aventura, FL 33160

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.

SIGNATURE: Ina Rosen INA ROSEN 4/16/09 305-931-3960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #