2010 Not-for-Profit Organization Annual Report

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 26 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710327

1. Corporation Name
Point East Condominium Corp. Inc.

700177733377
04/26/10--01067--017 **70.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2895 Point East Drive	SAME
Suite, Apt. #, etc. n/A	Suite, Apt. #, etc n/A
City & State Aventura	City & State Fl.
Zip 33160 / Country U.S.A.	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 9/1966

5. FEI Number 59-1281661 ☐ 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.: n/A

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.

M. MILLIGAN
EXAMINER

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 4/20/2010 MAY -4 2010

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	INA Rosen	2999 Point East Dr. Apt. C-208	Aventura, Fl. 33160
VP	Barbara Dombroski	2980 Point East Dr. Apt. D-111	Aventura, Fl. 33160
T	Marc Leibowitz	2999 Point East Dr. Apt. C-407	Aventura, Fl. 33160
S	Elizabeth Jansson	2999 Point East Dr. Apt C-610	Aventura, Fl. 33160
D	Carol Nesker	2999 Point East Dr. Apt. C-210	Aventura, Fl. 33160

10. **E-mail Address:** _____
(To be used for future annual report notification)

11. 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. I further certify, 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 4/20/2010 305-931-3960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #