PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 OCT 30 AM 9:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DOCUMENT # 713304 NON-PROFIT

REINSTATEMENT 99-80

1. Corporation Name

FOURTH HORIZONS CONDOMINIUM INC.

2. Principal Office Address	**3.** Mailing Office Address
1400 NE 191 ST.	17290 NE 19 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. c/o ALMAN
City & State: No. MIAMI BEACH, FL	City & State: No. MIAMI BEACH, FL
Zip: 33179 Country: MIAMI-DADE	Zip: 33162 Country: MIAMI-DADE

4. Date Incorporated or Qualified To Do Business in Florida: 9/5/1967

5. FEI Number: 59-1226368 ☐ 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: MARTIN H. ALMAN

Street Address (P.O. Box Number is Not Acceptable): 17290 NE 19TH AVE

4|14|000104014 #61.25

Suite, Apt. #, Etc.:

City: No. MIAMI BEACH State: FL Zip Code: 33162

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: Martin H. Alman Date: 10/ /2000

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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/D	RITTER, MICHAEL	1400 NE 191 ST. # 106	No. MIAMI BEACH, FL 33179
VP/D	ALFARO, JESUS	1400 NE 191 ST. # 325	No. MIAMI BEACH, FL 33179
S/D	CAVALCANTE, SUSAN	1400 NE 191 ST. # 140	No. MIAMI BEACH, FL 33179
T/D	KAVETSKY, MARIE	1400 NE 191 ST. #323	No. MIAMI BEACH, FL 33179
D	FREEZER, ASHER	1400 NE 191 ST. # 324	No. MIAMI BEACH, FL 33179
D	NAULT, JEFFREY	1400 NE 191 ST. # 307	No. MIAMI BEACH, FL 33179
D	GOLDBERG, BETTY	1400 NE 191 ST. # 112	No. MIAMI BEACH, FL 33179

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

SIGNATURE: Marie Kavetsky Sec. 10/ /2000 KE

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