PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **CORPORATION** Katherine ្នៀងក្រើន៍ 02 JUL -2 AM 9:53 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # 1. Corporation Name THE VILLAGE by the SEA CONDOMINIUM Apts, Inc. **700006274827--5** -07/03/02--01037--022 3. Mailing Office Address 2. Principal Office Address *****61.25 *****61.25 4. Date Incorporated or Qualified OFFICE C+ SFFICE OF To Do Business in Florida City & State DERDALE BY The Applied For 5. FEI Number LAUDERDALE BY THE SEA Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SOUTH OCEAN Suite, Apt. #, Etc. State Zip Code AUDERDALE 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each City / State / Zip Titles Officer and/or Director 1967 S. OCEAN BLUD LAUDER DALE BY 3211 LAUDERDALE BY The SEA SEA,FL. 33062 LAUDERDALE BY The SEA 1967-Sj-OCEAN-BLUD SUITE 319 C LAUDER DALE BY THE SEA 1967 S. OCEAN BLUD KREZ MIEND SUITE # 224 D 1967 S. OCEAN BLUD FL. 33062 LAUDERDALE BY The SEA SUITE # 327 D FL. 33062 1967 S. OCEAN BLUD. LAUDERDALE by the SEA SUITE # 215C 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.

FEDER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DEDEROCK KIES. 5/01/02 /954-94

SIGNATURE: