PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED FLORIDA DEPARTMENT OF STATE **CORPORATION** Secretary of State 2008 DEC 24 PM 2: 53 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE **DOCUMENT # 716668** TALLAHASSEE FLORIDA Ŧ 1. Corporation Name THE EXCELSIOR CONDOMINIUM, INC. 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 3399 NW 72ND AVE 3399 NW 72ND AVE CR2E081 (10/08) Suite, Apt. #; etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified SUITE 215 **SUITE 215** To Do Business in Florida 06/03/1969 City & State City & State 5. FEI Number Applied For MIAMI, FL MIAMI, FL 591308439 Not Applicable Zıp Country Zip Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 33122 USA 33122 USA for a Certificate of Status 7. Name and Address of Current Registered Agent The feinstatement fee is imposed, except in ROBERT A. DUGGER SR. circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you 3399 NW 72ND AVE are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement SUITE 215 fee be waived 3927107; Zip Code 12/24/08--01045--006 33122 MIAMI with and accept the obligations of section 607.0505 or 617.0503, F.S 8. I, being appointed the registered of the above named corporation, am familia 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) Street Address of Each Officer and/or Director Name of Officers and/or Directors Titles City / State / Zip PD MEZRAHI, JAIME 4141 NAUTILUS DR #6G MIAMI BEACH, FL 33140 DVP DULBERGER, BETTI 4141 NAUTILUS DR #6B MIAMI BEACH, FL 33140 **VPD** 4585 MICHIGAN AVE MIAMI BEACH, FL 33140 SMITH, CHARLES DST 4141 NAUTILUS DR #5G KALLUS, EVA MIAMI BEACH, FL 33140 TEPLICKI, JOSEPH 4141 NAUTILUS DR #5J MIAMI BEACH, FL 33140 **VPD** 

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 305-531-0510 Daytime Phone #