

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

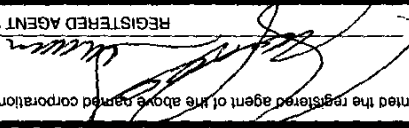
FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CORPORATION REINSTATEMENT
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DOCUMENT # 717456
1. Corporation Name 363 Washington Condominium, Inc.

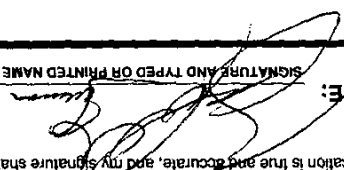
2. Principal Office Address 363 Washington Ave Suite, Apt. #, etc. 24	City & State Miami Beach	Zip 33139	Country USA
3. Mailing Office Address 363 Washington Ave Suite, Apt. #, etc. 24	City & State Miami Beach	Zip 33139	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number 591318528	6. CERTIFICATE OF STATUS DESIRED ☐ for a Certificate of Status \$8.75 Additional Fee required for a Certificate of Status
Applied For	Not Applicable	

7. Name and Address of Current Registered Agent Z PAOLA GUERRERO, RA Street Address (P.O. Box Number is Not Acceptable) 12515 N. Kendall Drive Suite, Apt. #, Etc. 314 City Miami State FL Zip Code 33186
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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 Date 4/28/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	Names of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	Mrs. Z PAOLA GUERRERO	363 Washington Ave #61	MIAMI BEACH, FL 33139
	MR GARY LISIEWSKI	363 WASHINGTON AVE #45	MIAMI BEACH, FL 33139
	LAURE VIGANUIT	363 Washington Ave #55	Miami Beach FL 33139
	Wesley LEWIS ABRAHAM	363 Washington Ave #63	MIAMI BEACH FL 33139

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date 4/5/04 Daytime Phone # (305) 279-1002
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