PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN -8 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717849

1. Corporation Name

CRESTVIEW TOWERS CONDOMINIUM ASSOC.,INC.
2025 NE 164th ST
NORTH MIAMI BEACH, FL. 33162

2. Principal Office Address		**3.** Mailing Office Address	
2025 NE 164th ST		2025 NE 164th ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
OFFICE		OFFICE	
City & State		City & State	
NO. MIAMI BEACH,FL		NO.MIAMI BEACH,FL	
Zip	Country	Zip	Country
33162	USA	33162	usa

4. Date Incorporated or Qualified To Do Business in Florida: 12/29/69

5. FEI Number: 591357386 ☐ 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: FEIN,STEVE ESQ

Street Address (P.O. Box Number is Not Acceptable): 400 S.W. 40TH AVENUE

700009953357
01/08/03--01041--002 **61.25

Suite, Apt. #, Etc.:

City: PLANTATION | State: FL | Zip Code: 33317

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: Steven Fein — REGISTERED AGENT MUST SIGN — Date: 1/6/03

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	VIVIAN CALO / D	2025 NE 164 ST / D	MIAMI,FL 33162
V	SERAFIN CRUZ / D	2025 NE 164 ST / D	MIAMI,FL 33162
T	ROSA PEREZ / D	2025 NE 164 ST / D	MIAMI,FL 33162
S	CARMEN PEREZ / D	2025 NE 164 ST / D	MIAMI,FL 33162
D	DORIS OCAMPO / D	2025 NE 164 ST / D	MIAMI,FL 33162

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: VIVIAN CALO V. Calo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/02 — Date
305-805-7410 — Daytime Phone #

CR2E081 (9/01)