PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 APR 10 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722692

1. Corporation Name
Meridian Plaza Condominium, Inc.

800149459118
04/10/09--01031--010 **673.75

REINSTATEMENT 99-09

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
221 MERIDIAN AVE	5753 S.E. CROOKED OAK AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH, FL	City & State: HOBE SOUND, FL
Zip: 33139 Country: DADE	Zip: 33455 Country: MARTIN

4. Date Incorporated or Qualified To Do Business in Florida 2/16/1972

5. FEI Number 59-1572502 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: RUBY WATSON
Street Address (P.O. Box Number is Not Acceptable): 5753 SE CROOKED OAK AVE
Suite, Apt. #, Etc.:
City: HOBE SOUND State: FL Zip Code: 33455

☐ **The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.**

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: Ruby Watson — Date: 4/8/09
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	WILLIAM J. REYNOLDS	221 MERIDIAN AVE #414	MIAMI BEACH, FL 33139
DT	RUBY WATSON	5753 SE CROOKED OAK AV	HOBE SOUND, FL 33455
DS	JOSEPH KEWALIS	13 DOUGLAS RD.	OXFORD, CT 06483
DP	CHRISTINA FERNANDEZ	221 MERIDIAN AVE #409	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 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: Ruby Watson, Treasurer — 4/8/09 — 772-224-6411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #