PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV -8 PM 4:56

DOCUMENT # 723573

1. Corporation Name
Sapphire Condominium Association, Inc.

800186479278
10/08/10--01035--001 **131.25

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4000 N.W. 44 Ave	same
Suite, Apt. #, etc. —	Suite, Apt. #, etc same
City & State Laud. Lks. Fl.	City & State same
Zip 33319 Country Broward	Zip same Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-1512031 ☐ 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: Irene Epstein
Street Address (P.O. Box Numbers Not Acceptable): 4000 N. W. 44 Ave
Suite, Apt. #, Etc.: 308
City: Lauderdale Lakes State: FL Zip Code: 33319

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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: Irene Epstein Date: 11-5-10
REGISTERED AGENT MUST SIGN

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
Pres.	Rose De Fiore	4000 N W 44 Ave	Laud. Lks. Fl. 33319
V. P	Vashti Mahabeer	" " "	" " "
Sec.	Claudette Brown	" " "	" " "
Con.	Irene Epstein	" " "	" " "

REINSTATEMENT 11/9/10

10. E-mail Address: _____
(To be used for future annual report notification)

11. 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. I further certify, 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: Rose DeFiore ROSE DEFIORE 11-5-10 954 23-4012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #