PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUL -3 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725141623

1. Corporation Name

COCONUT GROVE APARTMENT CONDOMINIUM ASSOCIATION

REINSTATEMENT 00-01

2. Principal Office Address		**3.** Mailing Office Address	
12079 SW 131 AVE		12079 SW 131 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33186	Country: USA	Zip: 33186	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 591888623 — ☐ 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: BECKER & POLIAKOFF- ROSA DE LA CAMARA

236.25-Adm
61.25-AR

Street Address (P.O. Box Number is Not Acceptable): 5201 BLUE LAGOON DRIVE SUITE 100

Suite, Apt. #, Etc.:

100004488701--5
-07/23/01--01003--002
****297.50

City: MIAMI | State: FL | Zip Code: 33126

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: Rosa de la Camara for Becker & Poliakoff, P.A. Date: 6/28/01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
PD	BEN AZERLI	2666 TIGERTAIL AVE #207	COCONUT GROVE, FL 33133
VP	PAM KINDLE	2666 TIGERTAIL AVE #105	COCONUT GROVE, FL 33133
TD	JOHN FIORE	2666 TIGERTAIL AVE #214	COCONUT GROVE, FL 33133
SD	ELINOR CHAZEN	2666 TIGERTAIL AVE #112	COCONUT GROVE, FL 33133
DD	BOB KRATIVITZ	2666 TIGERTAIL AVE #206	COCONUT GROVE, FL 33133

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: Ben Azerli 5-2-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #