PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 NOV -5 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **725460**

1. Corporation Name

ARLEN BEACH CONDOMINIUM ASSOCIATION INC

Principal Place of Business	Mailing Address
5701 COLLINS AVENUE MIAMI BEACH FL 33140-2353	5701 COLLINS AVENUE MIAMI BEACH FL 33140-2353

REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/05/1973 SP

5. FEI Number: 13-2776634 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
XS	~~ALVAREZ, FRANK~~ BAEZ, JESUS J. JR	5701 COLLINS AVE	MIAMI BCH FL
T	~~CRUZ, JOAN J~~ CRUZ, JUAN J.	5701 COLLINS AVE	MIAMI BCH FL
XP	~~JORDAN, COHN~~ COHN, JORDAN J.	5701 COLLINS AVE	MIAMI BCH FL
D	FALIN, ROGER	5701 COLLINS AVE	MIAMI BEACH FL
VP	~~PEYER, KATHERINE~~ PEYER, KATHERINE	5701 COLLINS AVE	MIAMI BCH FL
D	~~VEROEJA, MARIO~~ VERDEJA, GLORIA	5701 COLLINS AVE	MIAMI BCH FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~GARRIGAN, THOMAS L~~ ~~5701 COLLINS AVE~~ ~~MIAMI BCH FL 33140~~	Name: Mr. LEONARD HIRSCH Street Address (P.O. Box Number is Not Acceptable): 5701 COLLINS AVE. Suite, Apt. #, Etc.: MANAGERS' OFFICE City: MIAMI BCH, State: FL, Zip Code: 33140

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

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****236.25 ****236.25

Signature of Registered Agent: SIGNATURE REQUIRED, Manager Date: 10/30/01

REGISTERED AGENT MUST SIGN

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 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: SIGNATURE REQUIRED Juan J. Cruz (305) 865-4711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 10/30/01 — Daytime Phone #