

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG -2 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725763

1. Corporation Name

IMPERIAL HOUSE CONDOMINIUM, INC.

2. Principal Office Address

5255 Collins Avenue

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33140

Country

3. Mailing Office Address

5255 Collins Avenue

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33140

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 12, 1973

5. FEI Number

59-1552004

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

MYLES G. CYPEN, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)
1345 Alton Road

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

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**

Myles G. Cypen
REGISTERED AGENT MUST SIGN

Date 7-18-02

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/D	CLAUDIA DOBKIN	5255 Collins Avenue #11A	Miami Beach, FL 33140
VP/D	HOWARD SCHIMMEL	5255 Collins Avenue #6D	Miami Beach, FL 33140
S/D	DEBORAH KAUFMAN	5255 Collins Avenue #15J	Miami Beach, FL 33140
T/D	EDUARDO DIEZ	5255 Collins Avenue #9E	Miami Beach, FL 33140

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.

CLAUDIA DOBKIN, Pres.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-18-02

Daytime Phone #

305-866-7601