PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. SECRETARY OF STATE DIVISION OF CORF PRATIONS FLORIDA DEPARTMENT OF STATE **CORPORATION ~** Secretary of State 08 AUG 13 PM 12: 26 REINSTATEMENT DIVISION OF CORPORATIONS 725763 DOCUMENT # 1. Corporation Name IMPERIAL HOUSE CONDOMINIUM 100134326521 08/11/08--01049--010 **23 cenc. 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 5255 COLLINS AVE 5255 collins AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number Applied For MrAMI Beach Beach Fl MIAMI 591552004 Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 33140 33140 7. Name and Address of Current Registered Agent The reinstatement fee is imposed, except in KONALD S. LOWY, Esq.
Street Address (P.O. Box Number is Not Acceptable) circumstances which the entity did not receive the prior notices. By checking this box, you 1041 IVES DAIRY ROAD are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement # 238 fee be waived. Zip Code MIAMI 33179 8. I, being appointed the registered agent of the above paាម្ដីd corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Date 8-6-08 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip 5255 COLLINS De Gasperi AVE 33140 MIAMI BURCH FL Steven TAlleNT 5255 collins 33140 Michael Pellerin Sec Chris WRIGHT 5255 cullins are TROSS. 5255 collins Ave MARLENA SchimeL DIR FRIAMAN DIR CLARIES 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 filling this reinstatement application, the receiver for dissolution has been eliminated, the corporate name setisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been chica 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-08

Daytime Phone #