PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 31 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725701

1. Corporation Name

Bufferd Condominium Assocation, Inc. A Condominium

REINSTATEMENT 02-03
200024340492
10/31/03--01075--025 **297.50

2. Principal Office Address	3. Mailing Office Address
825 Euclid Ave	c/o Regatta Real Estate
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	628 6th Street - 2nd Floor
City & State	City & State
Miami Beach, FL	Miami Beach, FL
Zip / Country	Zip / Country
33139	33139

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-1515157 ☐ 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: Regatta Real Estate Managment, Inc.

Street Address (P.O. Box Number is Not Acceptable): 628 6th Street

Suite, Apt. #, Etc.: 2nd Floor

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: _____ Date: 10/20/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
DP	Camille Dubeauclard	825 Euclid Ave	Miami Beach, FL 33139
DT	Carlos Romero	825 Euclid Ave	Miami Beach FL 33139
DS	Roumardo Garcia	825 Euclid Ave	Miami Beach FL 33139

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: _____ 10/20/03 (305)695-4473

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