PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 13 AM 9:23

DOCUMENT # 726325

1. Corporation Name
N & M Townhouse Condominium Association, Inc.

REINSTATEMENT 01-02

12-31-01 01084 022 $236.25

2. Principal Office Address	3. Mailing Office Address
C/O EWM Property Mgmt 1360 S. Dixie Hwy	C/O EWM Property Mgmt. 1360 S. Dixie Hwy
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Coral Gables, FL 33146	City & State Coral Gables, FL 33146
Zip / Country 33146	Zip / Country 33146

4. Date Incorporated or Qualified To Do Business in Florida: May, 04, 1973

5. FEI Number: 59-1501342 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Hyman, Kaplan, Ganguzza, Spector & Mars, P.A.

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-02/26/02--01045--002
*****61.25 *****61.25

Street Address (P.O. Box Number is Not Acceptable): Museum Tower, 27th Floor, 150 West Flagler Street

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33130

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: 1-16-2002
REGISTERED AGENT MUST SIGN

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
Pres.	Sandra Shore, Director	7506 SW 58th Ave.	S. Miami, FL 33143
Treas	Joanne Bramson, Director	7528 SW 58th Ave.	S. Miami, FL 33143
Sec.	Patti Fernandez, Director	7522 SW 58th Ave.	S. Miami, FL 33143

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: Patti Fernandez Patti Fernandez 3-12-02 (305) 668-0432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #