PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAR 13 AM 11: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728491

1. Corporation Name
WATERWAY CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address		3. Mailing Office Address	
701 S. ROYAL POINCIANA BLVD.		701 S. ROYAL POINCIANA BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI SPRINGS, FL		City & State: MIAMI SPRINGS, FL	
Zip: 33166	Country:	Zip: 33166	Country: U.S.A.

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

5. FEI Number — [X] 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: Dawn Marshall

100005169491--6
-03/26/02--01053--008
***2040.00 ***2040.00

Street Address (P.O. Box Number Is Not Acceptable): A.I. Dupont Building, 169 East Flagler Street

Suite, Apt. #, Etc.: Suite 1523

City: Miami — State: FL — Zip Code: 33131

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: [signature] REGISTERED AGENT MUST SIGN — Date: 03/01/02

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
	Ronald De Ferrari, President D	3391 W. Place	Hialeah, Florida 33018
	George Muzufri, Treasurer	P.O. Box 22-1783	Hollywood, Florida 33020
	Alex Sherry Secretary D	1175 Thrush Avenue	Miami Springs, Florida 33166
	REINSTATEMENT 6-02 TO		

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: [signature] — Date: 3/11/02 — Daytime Phone #: 786-547-9756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR