## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPAREMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  08 JUL 21 PM 3: 56
DOCUMENT # 745294  1. Corporation Name  1. 1340 Old Dixie Condominium Building  Condominium Association, Inc.				00 OOL 21 11 3. Jp
2. Principal Office Address - No P.O. Box # Gaa N Flagler Dr Gaa  Suite, Apt. #, etc.  902  City & State  West Palm Beach FL  Zip  Country  Country		beach, FL Country USA	<ol> <li>Date Incorp To Do Busin</li> <li>FEI Numbe</li> <li>9 - 6</li> </ol>	CR2E081 (12/07)  CR2E081 (12/07)  CR2E081 (12/07)  CR2E081 (12/07)  Applied For Not Applicable  COF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
Name Tanet C. Michael 3000  Street Address (P.O. Box Number is Not Acceptable)  1655 Fam Deach Lakes blud  Suite, Apt. #, Etc.  MIO  City  West Palm Deach  FL 33			The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
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 Date RECISTERED 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
STD JIII S CURCIO 6		622 NFlagler Ir #902 West Palm Beach, FL33401		
D Michael Curcio GARN Flag		N Flagler	br#902 #710	West Palm Beach, FL 33401
D Janet (Michaelson 1655 talm Deach lates blud West talm Deach Fl.				
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 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 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Janet C. M. Charles Server				