PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

			,02 112/11										
	RPORATI ISTATEM				Secreta	RTMENT C Iry of State CORPORATIO				ECKE IAR SION OF C AUG 23	Y OF 514 C F 77.		
DOCL 1. Corpora	JMENT ation Name	r# 7	50781										
821 EUCLID CONDOMINIUM ASSOCIATION, INC.													
								ren:	273	TEM	CAIT	•	r31_ r
2. Principal Office Address 3. Mailing O					office Address			פע עולבייטע ע	90e	g n Rada	510 8		81-0
				821 E Suite, Apt. #,	Euclid Ave			l		CR2E081	(12/05)		
					iation Mailbox			4. Date Incorp	orated or iness in F	Qualified	ıarv 2	5 19	980
				City & State Miami	liami Beach, Florida			4. Date Incorporated or Qualified To Do Business in Florida January 25, 1980 5. FELNumber 59-2053166 Applied For Not Applicable					
^{Zip} 33139	ື່ 33139		4	^{Zip} 3139	<u> </u>	ŰŠÃ		6.		US DESIRED		ditional F	ee required of Status
				7. N	lame and	Address of Co	urrent Register	ed Agent					
	XIIf N	eum	ann										
	821	D Box Number i											
	302 Apt.						1						
	Miam	ni Bea	ach						State FL	33139	}	\exists	
8. I, being	appointed the	e registere	ed agent of the	above named corpo	ration, am	n familiar with a	ind accept the ob	ligations of section	on 607.05	05 or 617,050	3, F.S.		
Signature of Registered Agent										08/15/	/06		
Alamae	Strong A	Hannege	* ==== Officer	REGISTERED AG			· ······ · · · · · · · · · · · · · · ·	10 disentant	•	· · · · ·			
Titles	Name of Officers and/or Directors				riga nonp	rida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and for Director			City / State / Zip				
D/P/T	Alf Ne	Alf Neumann				821 Euclid Ave #302			Miami Beach / FL / 33139				3139
									Miami Beach / FL / 33139				
D/S		Samantha Campolo				821 Euclid Ave #403							
D/V	MARK ANTHONY BUTLER				821 Euclid Ave #101			01	Mia	mi Bea	ch / FI	_ / 33	3139
								1.0 08/29	200 706-	1792: -01016	125: -005	3 1 *41601	1.25

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 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.

Alf Neumann

08/15/06

786-367-7606

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

821 euclid ave. miami beach, fl. 33139 - phone (786) 367-7606 e-mail euclidcondoassociation@atlanticbb.net

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Miami Beach, August 15, 2006

Ref.: Waiver of Reinstatement fee

To Whom It May Concern:

The 821 Condominium Association kindly requests to have the \$175 reinstatement fee for the attached application waived. The condominium is a small community of 12 units, several of whom are on fixed incomes. We have faced several unplanned expenses this year including an assessment on each unit. To the best of our knowledge, the Association never received the annual report notice or any other documentation related to this issue. However, going forward, we will ensure we are registering annually.

Thank you for your consideration concerning our request.

Respectfully,

Álf Neúmann

President

821 Euclid Condominium Association