PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED
02 JAN -2 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751646

**1.** Corporation Name
TREASURE COVE CONDOMINIUM ASSOCIATION, INC.

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 2200 South Dixie Highway | Same |
| Suite, Apt. #, etc.: Suite 705 | Suite, Apt. #, etc. |
| City & State: Miami, FL | City & State |
| Zip: 33133 / Country: USA | Zip / Country |

**4.** Date Incorporated or Qualified To Do Business in Florida: March 20, 1980

**5.** FEI Number: 65-0000046 ☐ 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: Zorrilla & Garcia-Oliver, LLC
Street Address (P.O. Box Number is Not Acceptable): 2200 South Dixie Highway
Suite, Apt. #, Etc.: Suite 705
City: Miami | State: FL | Zip Code: 33133

**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: December 31, 2001

CR2E081 (9/00)

**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 |
|---|---|---|---|
| PD | Wilfredo R. Garcia | 2200 South Dixie Highway, #705 | Miami, Florida 33133 |
| SD | Evelio Garcia | 2200 South Dixie Highway, #705 | Miami, Florida 33133 |
| TD | Olga Garcia | 2200 South Dixie Highway, #705 | Miami, Florida 33133 |
| | | | |
| | | 600004747176--2 | |
| | | | |

**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] Wilfredo R. Garcia — 12/31/2001 — 305-371-8585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 577674 7272435

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 971.25

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ORDER DATE : January 2, 2002

ORDER TIME : 10:21 AM

ORDER NO. : 577674-005

CUSTOMER NO: 7272435

CUSTOMER: Carmen Friedland, Legal Asst
Zorrilla & Garcia-oliver, Llc
Suite 705
2200 South Dixie Highway
Miami, FL 33133

RECEIVED
02 JAN -2 AM 11:33
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DOMESTIC FILINGS

NAME: TREASURE COVE CONDOMINIUM ASSOCIATION, INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____