PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 24 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 75751646

1. Corporation Name

Treasure Cove Condominium Association, Inc. REINSTATEMENT 03-04

2. Principal Office Address	**3.** Mailing Office Address
1603 N. Treasure Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, Florida	City & State
Zip: 33139 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/20/1980

5. FEI Number: 650000046 ☐ 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: Meland, Russin, Hellinger & Budwick, P.A.

Street Address (P.O. Box Number is Not Acceptable): 200 South Biscayne Boulevard,

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09/13/04--01032--002 **306.25

Suite, Apt. #, Etc.: 3000 Wachovia Financial Center

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 _____ REGISTERED AGENT MUST SIGN Date 9/8/04

CR2E081 (01/04)

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
P/T/D	Joseph R. Digiorgio	1603 N. Treasure Drive	Miami Beach, FL 33139
V/S/D	Tina K. Digiorgio	1603 N. Treasure Drive	Miami Beach, FL 33139
D	Gehard Carl Leinberger	1603 N. Treasure Drive	Miami Beach, FL 33139
			SP

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: _____ JOSEPH R. DIGIORGIO 9-9-04 786-295-4165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #