PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 MAR 12 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/16/07--01017--002 **245.00

DOCUMENT # 754585

1. Corporation Name

The Aloha Condominium Association, Inc.

REINSTATEMENT 04-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
605 North Riverside Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach, FL	City & State
Zip: 33062 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/10/1980

5. FEI Number: 59-2021833 ☐ 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: Monique Martin

Street Address (P.O. Box Number is Not Acceptable): 605 North Riverside Drive

Suite, Apt. #, Etc.

City: Pompano Beach, FL State: FL Zip Code: 33062

☑ 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: Monique Martin Date: 03/07/07

REGISTERED 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
President	Kenneth S. Most	2160 SE 19th St	Lauderdale-by-the-Sea, FL 33062
Treasurer	James L. Hein	5653 Pacific Blvd #706	Boca Raton, FL 33433
Secretary	Monique Martin	605 North Riverside Drive	Pompano Beach, FL 33062

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.

SIGNATURE: Monique Martin Secretary 03/07/07 954-943-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/13 as