PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 JUN 14 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761379

1. Corporation Name

Industry One Condominium Association, Inc

2. Principal Office Address		**3.** Mailing Office Address	
2800 Island Blvd		2800 Island Blvd	
Suite, Apt. #, etc. 2702		Suite, Apt. #, etc. 2702	
City & State Aventura, Fla.		City & State Aventura, Fla.	
Zip 33160	Country Miami-Dade	Zip 33160	Country Miami-Dade

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida 01/07/1982

5. FEI Number 165-065-805 [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Fanny Frayno

Street Address (P.O. Box Number is Not Acceptable): 2800 Island Blvd

Suite, Apt. #, Etc.: 2702

City: Aventura | State: FL | Zip Code: 33160

236.25-Adm
61.25-AR
8.75-Cert

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 04/30/02
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
MANAGER (MGRM) PDS	Fanny Frayno	2800 Islands Blvd #2702	Aventura, Fla. 33160
D	Mancos Frayno	560 NW 165 STRD	Miami, Fla. 33169
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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: _____ Fanny Frayno 04/30/02 (305) 945-9200 Ext 2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #