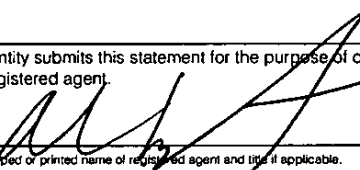
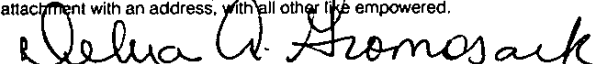


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 761539 1. Entity Name APTH CONDOMINIUM ASSOCIATION, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 APR 19 PM 4:06 REINSTATEMENT 05-06 	
Principal Place of Business 3001-3089 NE 183 LANE AVENTURA, FL 33160				Mailing Address % ASSOCIATION MGMT PO BOX 630280 MIAMI, FL 33-163.			
2. Principal Place of Business		3. Mailing Address c/o DCI Association Services		04102006 REIN-NP CR2E099 (11/05)			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 2035 Harding St, #200		4. FEI Number 59-2163136		Applied For ☐ Not Applicable	
City & State 		City & State Hollywood FL		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip 	Country 	Zip 33020	Country US				
6. Name and Address of Current Registered Agent KREMEN, MARSHALL 160 NW 176 STREET # 406-3 MIAMI, FL 33169				7. Name and Address of New Registered Agent Name Andrew Meyrowitz Street Address (P.O. Box Number is Not Acceptable) c/o DCI Association Svcs. 2035 Harding St #200 City Hollywood FL Zip Code 33020			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.				DATE 4/12/06 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALPERIN, RONNY 3077 NE 183 LANE AVENTURA, FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/D 500074337955 05/10/06-01022-000	☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAMPEAS, NICK 3069 NE 183 LANE AVENTURA, FL 33160	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Stewett, Philip 3037 NE 183 Lane Aventura, FL 33180	☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, JAMES 3019 NE 183 LANE AVENTURA, FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lurvey, Nirmala 3045 NE 183 Lane Aventura, FL 33160	☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLAR-GROMOSAIK, DEBRA 3041 NE 183 LANE AVENTURA, FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Gromosaik, Debra	☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLENSKY, HESHY 3065 NE 183 LANE AVENTURA, FL 33160	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lopez, Hugo 3053 NE 183 Lane Aventura, FL 33160	☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOODE VON EIFF, CHERYL 3089 NE 183 LANE AVENTURA, FL 33160	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Unmuth, Debra 3071 NE 183 Lane Aventura, FL 33160	☐ Change ☒ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 4-11-06 Daytime Phone #			