PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUL 17 AM 7:38
[illegible] STATE
[illegible] FLORIDA

DOCUMENT # 768455 W06-21666

1. Corporation Name
KENLAND POINTE CONDOMINIUM I, INC.

2. Principal Office Address	3. Mailing Office Address c/o
c/o MIAMI MANAGEMENT, INC.	MIAMI MANAGEMENT, INC.
Suite, Apt. #, etc. 14275 SW 142 AVE	Suite, Apt. #, etc. 14275 SW 142 AVE.
City & State MIAMI, FL.	City & State MIAMI, FL. 33186
Zip 33186 Country USA	Zip 33186 Country USA

[illegible] CR2E081 (12/95) 03-06

4. Date Incorporated or Qualified To Do Business in Florida 05-16-1983

5. FEI Number 592379511 ☐ 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: HYMAN & KAPLAN 700077952257 07/25/06--01040--002 **[illegible]25

Street Address (P.O. Box Number is Not Acceptable): 150 WEST FLAGLER ST. 700077952257 07/25/06--01040--003 **8.75

Suite, Apt. #, Etc.

City: MIAMI State: FL Zip Code: 33130

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: Hyman & Kaplan Date:
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
PD	OLGA ABILLEIRA	9022 SW 123 Ct # 0-401	MIAMI, FL. 33186
VD	INGRID HACKSAW	9015 SW 125 Av # N-208	MIAMI, FL. 33186
SD	SILVIA TORRES	9022 SW 123 Ct # 0-108	MIAMI, FL. 33186
TD	JOSE CAMPA	9015 SW 125 Av # N-302	MIAMI, FL. 33186
D	BETTY BOSCHI	9015 SW 125 Av # N-303	MIAMI, FL. 33186

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: [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell JUL 20 2006