

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 20 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 768933

**1. Corporation Name**

AVENTURA MALL MARKETING FUND, INC.

**2. Principal Office Address**

19501 BISCAYNE BOULEVARD

Suite, Apt. #, etc.

SUITE 400

City & State

AVENTURA

Zip

33180

Country

**3. Mailing Office Address**

19501 BISCAYNE BOULEVARD

Suite, Apt. #, etc.

SUITE 400

City & State

AVENTURA

Zip

33180

Country

REINSTATEMENT 98-04

**4. Date Incorporated or Qualified**

To Do Business in Florida 06/08/1983

**5. FEI Number**

59-2298541

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

TED SIEGAL

Street Address (P.O. Box Number is Not Acceptable)

19501 BISCAYNE BOULEVARD

Suite, Apt. #, Etc.

SUITE 400

City

AVENTURA

State  
FL

Zip Code  
33180

**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

*Ted Siegal*

Date

10-19-2004

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
DP	NADENE WENDROW	19501 BISCAYNE BLVD., SUITE 400	AVENTURA, FL 33180
D	TED SIEGAL	19501 BISCAYNE BLVD., SUITE 400	AVENTURA, FL 33180
			600042018146 10/20/04--01049--022 **612.50
			<i>Pro/12</i>

**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:

*Nadene Wendrow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/04

305-937-6200

Daytime Phone #

CR2E081 (01/04)