

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 SEP -8 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768933

1. Corporation Name

AVENTURA MALL MARKETING FUND, INC.

REINSTATEMENT 06-10

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

19501 Biscayne Blvd.

Suite, Apt. #, etc.

400

City & State

Aventura, FL

Zip

33180

Country

USA

3. Mailing Office Address

19501 Biscayne Blvd.

Suite, Apt. #, etc.

400

City & State

Aventura, FL

Zip

33180

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

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 YAMILA GARAYZAR

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

19501 Biscayne Blvd.

Suite, Apt. #, Etc.

400

City

Aventura

State

FL

Zip Code

33180

~~03/16/08-0106-007 **150.00~~

100120635651
03/18/08--01036--007 **150.00

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

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
D	Oscar Pacheco	19501 Biscayne Blvd. #400	Aventura, FL 33180
D	Yamila Garayzar	19501 Biscayne Blvd. #400	Aventura, FL 33180
		<i>[Signature]</i>	100120635651 09/20/10--01004--003 **340.00

10. E-mail Address: ygarayzar@turnberry.com

(To be used for future annual report notification)

11. 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. I further certify, 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

[Signature]

Yamila Garayzar, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-933-5527

Date

Daytime Phone #