PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN 28 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769808

1. Corporation Name

PASIFINO ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
3737 SW 8 ST SUITE 101
~~180 ARVIDA PARKWAY~~
CORAL GABLES FL ~~33156~~ 33134

Mailing Address
3737 SW 8 ST SUITE 101
~~180 ARVIDA PARKWAY~~
CORAL GABLES FL ~~33156~~ 33134

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida
3737 S.W. 8th ST	3737 SW 8th ST	07/29/1983
Suite, Apt #, etc	Suite, Apt. #, etc.	5. FEI Number 65-0467471 — Applied For / Not Applicable
City & State: CORAL GABLES FL.	City & State: CORAL GABLES FL.	6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status
Zip: 33134 Country: DADE	Zip: 33134 Country: DADE	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPS	KURSTIN, JOSEPH M.D.	~~180 ARVIDA PARKWAY~~ 3737 SW 8th ST	CORAL GABLES FL ~~33156~~ 33134
D	KURSTIN, ELENA	~~180 ARVIDA PARKWAY~~ 3737 SW 8th ST	CORAL GABLES FL ~~33156~~ 33134
D	OSTROVSKY, JODIE	~~4515 BANYAN LANE~~ 3737 SW 8th ST	~~MIAMI FL 33187~~ CORAL GABLES FL. 33134

JB 1-28-97

8. Name and Address of Current Registered Agent

KURSTIN, JOSEPH M.D.
~~180 ARVIDA PARKWAY~~ 3737 SW 8th ST
CORAL GABLES FL ~~33156~~ 33134

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City — State FL — Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505

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-01/30/97--01060--014
****236.25 ****236.25

Signature of Registered Agent: Joseph Kurstin MD
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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: X Joseph Kurstin MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 10/29/96 Date
X (305) 4612400 Daytime Phone #

CR2E040 (7/96)

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