


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 98 SEP 16 AM 11:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 769808					
1. Corporation Name PASIFINO ISLE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3737 S.W. 8th Street Suite 101 Coral Gables, FL 33134			Mailing Address 3737 S.W. 8th Street Suite 101 Coral Gables, FL 33134		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <div style="text-align: right;">07/29/83</div>	
				5. FEI Number 65-0467471	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
DPS	KURSTIN, JOSEPH M.D.	3737 S.W. 8th Street	Coral Gables, FL 33134		
D	KURSTIN, ELENA	3737 S.W. 8th Street	Coral Gables, FL 33134		
D	OSTROVSKY, JODIE	3737 S.W. 8th Street	Coral Gables, FL 33134		
			000002643590--9 -09/18/98--01/18--001 ****297.50****297.50 <i>9-16-98</i>		
8. Name and Address of Current Registered Agent KURSTIN, JOSEPH M.D. 3737 S.W. 8th Street Coral Gables, FL 33134			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <div style="text-align: right;">FL</div>		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <i>Joseph Kurstin</i> REGISTERED AGENT MUST SIGN Date 8/12/98					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (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: <i>Joseph Kurstin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 8/12/98 (305) 461-2400 Daytime Phone #		

CR2E040 (12/95)