PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State FILED REINSTATEMENT **DIVISION OF CORPORATIONS** 98 AUG 13 AM 11: 05 DOCUMENT # J76959 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA CONDOTTI SHOPS, INC. Principal Place of Business Malting Address 9700 Collins Ave. 9700 Collins Ave. Store #125 Store #125 Bal Harbour, FL 33154 Bal Harbour, FL 33154 DO NOT WRITE IN THIS SPACE
Date incorporated or Qualified
To Do Business in Florida If above addresses are incorrect in any way, fine through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 9700 Collins Ave. 3. New Mailing Address, if Applicable 9700 Collins Ave. 06/10/1987 5. FEI Number Applied For Suite_303 59-2829523 City A State Bal Harbour, FL City & State Bal Harbour Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country Country CERTIFICATE OF STATUS DESIRED USA 33154 USA 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers City / State / Zip 9700 Collins Ave. Bal Harbour, FL 33154 Tauber, Irwin Suite 303

			-08/14/	5 16 550- 98010640 8.75 ****90	112
	` ,				
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
Green, Marvin M., Esq. c/o Green, Kahn & Piotrkowski, P.A. 627-71 St. Miami Beach, FL 33141		Tauber, Irwin Street Address (P.O. Box Number 9700 Collins Av Suite, Apt. #, Etc. Suite 303 City Bal Harbour		State Zip Code FL 33154	
10. I, being appointed the redistered agent of the above named corporative of Registered Agent REGISTERED AG	Irwin Taube		on 607 0505, F.S.	12/98	
11. Does this corporation pay any intang Dept. of Revenue under S. 199.032,	ible tax to th Florida Stati	e utes. Yes 🗌 No 🏾		other side for information on int ang ible tax.)	a

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Opporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the Information supplied is deemed exempt from public access. I certify that I am an officer or direction or trustee empowered to execute this application as provided for in chapter 507 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., and that all fees owed by the corporation have been paid. 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:

Suite, Apt. #, etc.

Suite 30**3**

33154

Title(s)

PSD

irwin Tauber, President MINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #