
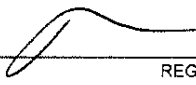
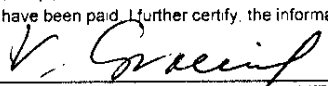


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2010 JAN 19 AM 10:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA 900186069089 01/13/10--01036--007 **516.25 CR2E081 (11/09)	
DOCUMENT # <u>L04000013396</u>					
1. Name <u>ONE BAL HARBOUR 14 D, LLC</u>					
2. Principal Office Address - No P.O. Box # <u>85-16 PARK LANE SOUTH</u>		3. Mailing Office Address <u>85-16 PARK LANE SOUTH</u>			
Suite, Apt. #, etc. <u>APT #5-C</u>		Suite, Apt. #, etc. <u>APT #5-C</u>			
City & State <u>WOODHAVEN, NY</u>		City & State <u>WOODHAVEN, NY</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>02/18/2004</u>	
Zip <u>11421</u>	Country <u>USA</u>	Zip <u>11421</u>	Country <u>USA</u>	5. FEI Number <u>200742883</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of Current Registered Agent				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Name <u>ROSS ZALKIND, ESQ.</u>				<input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
Street Address (P.O. Box Number is Not Acceptable) <u>4601 SHERIDAN STREET</u>					
Suite, Apt. #, Etc. <u>STE 401</u>					
City <u>HOLLYWOOD</u>	State <u>FL</u>	Zip Code <u>33021</u>			
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 <u>1/12/10</u>	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
MGRM	VALERIE GUREVICH	<u>85-16 PARK LANE SOUTH, APT #5-C</u>		<u>WOODHAVEN, NY 11421</u>	
MGRM	DASHA LEONYUK	<u>691 SOUTH OCEAN BLVD</u>		<u>BOCA RATON, FL 33432</u>	
10. E-mail Address: <u>rzalkind@globalamericatitle.com</u> (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: 		01/11/10		Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					