

01/13/2004

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PHILLIPS EISINGER → 3056612289

NO. 994 0002

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000000088

1. Corporation Name

200 OCEAN DRIVE CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

1320 S. DIXIE HIGHWAY

3. Mailing Office Address

1320 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

781

Suite, Apt. #, etc.

781

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/00

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-04

7. Name and Address of Current Registered Agent

Name

GARY L. BROWN, ESQ.

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

4000 HOLLYWOOD BLVD

Suite, Apt. #, Etc.

265-S

City

HOLLYWOOD

State
FLZip Code
33021

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 01/14/02

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
PD	SCOTT A. GREENWALD	1320 S. DIXIE HIGHWAY, SUITE 781	CORAL GABLES, FL 33146
VPD	ALLEN R. GREENWALD	1320 S. DIXIE HIGHWAY, SUITE 781	CORAL GABLES, FL 33146
STD	ANA KEARSON	1320 S. DIXIE HIGHWAY, SUITE 781	CORAL GABLES, FL 33146

10. 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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone If

305-667-2225

1/14/04

CR2001 (10-02)