2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000000088

1. Entity Name
200 OCEAN DRIVE CONDOMINIUM ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT 20 PM 1:39

10/15/08 010 4 006 13/25

Principal Place of Business	Mailing Address
C/O PROGRESSIVE MANAGEMENT ASSOCIATES, INC 1001 N FEDERAL HIGHWAY, STE. 248 HALLANDALE BEACH, FL 33009	C/O PROGRESSIVE MANAGEMENT ASSOCIATES, INC 1001 N FEDERAL HIGHWAY, STE. 248 HALLANDALE BEACH, FL 33009

09292008 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
200 OCEAN DRIVE	C/O BLUE LEAF LLC
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O BOX 190239
City & State MIAMI BEACH, FLORIDA	City & State MIAMI BEACH, FLORIDA
Zip: 33139 Country: MIAMI-DADE	Zip: 33119 Country: MIAMI-DADE

4. FEI Number
87-0720413
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HYMAN, SPECTOR & MARS, LLP 150 WEST FLAGLER STREET 27TH FLOOR MIAMI, FL 33130	Name: BLUE LEAF ~~[illegible]~~ LLC Street Address (P.O. Box Number is Not Acceptable) 601 COLLINS AVENUE, 8 SUITE A City: MIAMI BEACH FL Zip Code: 33139

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DOMINIQUE BAILLOL 09/29/2008

Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $61.25
After January 1, 2009, Fee will be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MILLER, DAVID 1001 N FEDERAL HIGHWAY, STE. 248 HALLANDALE BEACH, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP HEISS, RICHARD 1001 N FEDERAL HIGHWAY, STE. 248 HALLANDALE BEACH, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS WHITLAM, DOUGLAS 1001 N FEDERAL HIGHWAY, STE. 248 HALLANDALE BEACH, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition B 10/20/08
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REI[illegible]08
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: _____ 9/29/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #