PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. .

FLORIDA DEPARTMENT OF STATE Katherine Harris

APPLICATION

FOR ~

REIN	STATEMENT	Secretary of DIVISION OF CORP	State		SECRETARY TALLAHASSEE	D OF STATE	
DOCUMENT # N0000001318 : Corporation Name				OI NOV 13 PM 2:50			
VENEZ	ZIA LAS OLAS CONDO	MINIUM ASSCOIATIO	N, INC.			- 00	
Principal Place of Business Mailing Address							
111 S.E. 8TH AVE FT LAUDERDALE FL 33301		111 SE STULAVE FT LAUDERDALE FL 33301					
If above	addresses are incorrect in any way, line	through incorrect information and ente	er correction below	REINSTATE	MENT	\bigcirc	
	rincipal Office Address, If Applicable	3. New Mailing Office Address.	If Applicable	Date Incorporated or Qual			
Suite, Apt. #, etc.		Suite Apt. #, etc.		To Do Business in Florida 02/23/2000			
Dity & State		City & State BEACH	. F/			Applied For Not Applicable	
<u>.</u>	Country	Zip Cour		6. CERTIFICATE OF STATUS DI	SIRED (STE Add)	itional Fee require tificate of Status	
. Names	and Street Addresses of Each Officer ar	id/or Director (Florida nonprofit corpo	orations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director	r 4	City / State / Zip	1	
DP	LEPINE, RENE H &CCKE / bau	M, bordon 716 S.E. FISRI	SI Barrier		DALE FL 33301	331,2	
2TVD	LEPINE, NORMAND F Kompuse Mr. Ke 746 S.E. FISRT ST 3201 W GR. P.F. Rd FT-LAUDERDALE FL 33301						
D \$	WATHEY, NORMA MOSS,	Donald 746 S.E. FISH	8T 3201 u	6 R. P. RO FT LAUDER	DALE FL 33301	3 <i>331</i> 2 3 <i>3312</i>	
				90000 -12/i	470457: 04/0101069 * 245.00 ***	95 -013 *245.00	
	8. Name and Address of Curren	t Registered Agent		9. Name and Address of Ne	w Registered Agent		
C/O FI 201 AL	R DAVID LENDSTOME LESTER SHEAR & DEN LHAMBRA CIRCLE, SUITE 601 L GABLES FL 33334	BERG, PA	Street Address (F 320/ Suite, Apt. #, Etc.	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code			
10. I, being	g appointed the registered agent of the al	oove named corporation, am familiar		oligations of Section 607.0505, F			
Signature o Registered	Agent	DECISIONED AGENT WAY	-		19/01		
this rein	that I am an officer or director or the recinstatement application, the reason for disty the corporation have been paid and the	solution has been eliminated, the cort	porate name satisfies	the requirements of section 607	0401 or 617 0401 F.S.	that all fees	

10/17/01 . 954-965-3636

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: