PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATIO	N
REINSTATEMEN	V٦



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

N00000004384

1. Corporation Name

ALMERIA LAND CONDOMINIUM ASSOCIATION, INC.

1	SECRETARY	DE STATE.
1	隣世に 済けるSSE	E. PLORIDA

FILED

13 DEC 26 PM 4: 58

Princip	al Office Addre	ess - No P.O. Box #	3. Mailing C	Office Addre	SS							
357 ALMERIA AVENUE		1										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			- CR2E081 (11/10)						
SUITE 100			100	100			Date Incorporated or Qualified To Do Business in Florida					
City & State	9		City & State					06/30/2000	siness in Florida			
CORAL GABLES			CORAL GABLES			1 1				Applied For Not Applicable		
FLOF	RIDA	UNITED STATES	FLOR	IDA	UNI	y ΓED STATE	≣s	6. CERTIFICAT	TE OF STATUS D			ional Fee require lificate of Status
		7. Name and Address of	Current Regis	stered Age	nt							
Name	D INC											
	D, INC.	x Number is Not Acceptable)										
201 AL	HAMBE	RA CIRCLE										
Suite, Apt. #, Etc. 11TH FLOOR								2 <u>.</u> 12/26.)D255 /130102	02178 8-014		5.00
City		·			State	Zip Code						
CORA	L GABL	.ES			FL	33134						
8. I, being Signature o Registered	of /	e registered agent of the above	ve hamed corpo	V.	P.	vith and accept th	ne obi	ligations of sect	Date	617.0503, F.S.	/3	
9. Name:	s and Street A	ddresses of Each Officer and	or Director (Flo	orida nonpro	ofit corpo	rations must list a	at lea	st 3 directors)				
Titles		Name of Officers and/or Directors				eet Address of Ea ficer and/or Direc				City / State	/ Zıp	
P/D	AN	THONY PER	REA	357 AL	.MERI	A AVENUE	Ξ, S	UITE 100	CORAL	GABLE	S, F	L 33134
V/D		EMILIO FOX		357 AL	.MERI	A AVENUE	Ξ, \$	UITE 100	CORAL	GABLE	S, F	L 33134
T/S/D	SE	AN CONRC	Y	357 AL	.MERI	A AVENUE	Ē, S	UITE 100	CORAL	GABLE	S, F	L 33134
		DEC 2 7	2013		_ DI	CIME	Ţ,	الم كالماري خ	AEN'	r 05	13	
		L. SEL	LERS				A. /	* I	VIII1 V	11		

10. E-mail Address: MANAGER@GABLESPARKTOWER.COM

(To be used for future annual report notification)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-26-13

(305) 444-6053

Daytime Phone #

^{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., and 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. I am aware that fats information sobmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.