

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 JAN 14 AM 10:58

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # N01000000276

1. Corporation Name

CAPTIVA CONDOMINIUM E-ASSOCIATION, INC.

600009221246
 11/26/02--01032--001 **175.00



Principal Place of Business

Mailing Address

~~760 NW 107TH AVE. STE 201
 MIAMI FL 33172~~

~~760 NW 107TH AVE. STE 201
 MIAMI FL 33172~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~10710 NW 66 ST.
 Suite, Apt. #, etc.
 Miami, FL~~
 City & State

3. New Mailing Office Address, If Applicable

~~Capiva Management
 Suite, Apt. #, etc.
 Miami, FL~~
 City & State

4. Date Incorporated or Qualified To Do Business in Florida

01/12/2001

5. FEI Number

Applied For

Not Applicable

Zip
 33178

Country

Zip
 33186

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	GOTTLIEB, PAULA O'Carman, Kenneth	760 NW 107TH AVE, STE 201 10710 NW 66 ST. # 204	MIAMI FL 33172 Miami, FL 33178
DV	TRIZARRY, RUSSEL Araujo, Adriana	760 NW 107TH AVE, STE 201 10710 NW 66 ST. # 509	MIAMI FL 33172 Miami, FL 33178
DST	VILLARD, JESSIE Ortega, Leonor	760 NW 107TH AVE, STE 201 10710 NW 66 ST. # 205	MIAMI FL 33172 Miami, FL 33178

8. Name and Address of Current Registered Agent

KIMBALL FLETCHEER, PATRICIA P.A.
 1ST UNION FINANCIAL CENTER
 200 S BISCAYNE BLVD, STE 3410
 MIAMI FL 33131

9. Name and Address of New Registered Agent

Name Carlos Triay
 Street Address (P.O. Box Number is Not Acceptable)
 10570 NW 27 St # 103
 Suite, Apt. #, Etc.
 City Miami, FL
 State FL Zip Code 33172

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/1/02

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth P. O'Carman Kenneth P. O'Carman Nov 7, 2002 (305) 640-0689

CR1E040 (8/02)