	, PLEASE READ ALL IN	ISTRUCTION	S BEFORE C	OMPLET	TING THIS FORI	М.	
AP	. .	IDA DEPARTME	A DEPARTMENT OF STATE Jim Smith		7		
REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS				C	02 NOV -8 AM IO:	33	
DOCUMENT # N0100004513 1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
THE COLONNADE CONDOMINIUM ASSOCIATION, INC.				60 11/08,	10008891 70201089016	416 **150.00	
Principal Place of Business 180 ARAGON AVENUE CORAL GABLES FL 33134-5439 Walling Address 180 ARAGON AVENUE CORAL GABLES FL 33134-5439 WALLING ARAGON AVENUE CORAL GABLES FL 33134-5439				12611(8)			
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address Add				4. Date Incorp	porated or Qualified ness in Florida	00/07/0004	
Suite, Apt.	#, etc. Suite, Ap	1: Tina De	nfeid	5. FEI Numbe		06/27/2001 Applied For	
City & State	1 417 4 61	al Gables.		6. CERTIFICATE	E OF STATUS DESIRED \$	Not Applicable 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)							
Title(s)	S) Name of Officers Street and/or Directors 3 Officer				City / 5	State / Zip	
PD	SPENCER, CRAIG S	C/O ARDEN GR	IOUP 121 S. BROAI	D ST.	PHILADELPHIA PA 191	07	
- VPTD	PIETROPOLY, RICHARD D	OUP 121 S. BROAL	PHILADELPHIA PA 19107				
VSD	BORNSTEIN, BRIAN	AYSHORE DRIVE TH	/SHORE DRIVE THIRD MIAMI FL 33133				
VPD	OPPENHEIM, ROBERT	AYSHORE DRIVE TH	SHORE DRIVE THIRD MIAMI FL 33133				
VPTD	PTD PIETROPOLI, RICHARD D. % ALDEN GI			So. 40 St	PHILADELPHI	4, 14 19107	
	8. Name and Address of Current Registered A		·-·				
Name				Name and Address of New Registered Agent			
MUSEUM TOWER, SUITE 2200 Street Address (P.				D. Box Number is Not Acceptable)			
Suite			Suite, Apt. #, Etc.				
			City M. Ami		State		
Signature of	appointed the registered agent of the above named cor		th and accept the oblig			5, F.S.	
Signature of REGISTERE REQUIRED REGISTERED AGENT MUST SIGN					Date		
owed by t	hat I am an officer or director or the receiver or trustee of tatement application, the reason for dissolution has bee the corporation have been paid and the names of indiv oplication is true and accurate, and my signature shall h	in eliminated, the corpor	rate name satisfies the	requirements o			

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

10-4-02 305-569-6560

THE COLONNADE CONDOMINIUM ASSOCIATION, INC. c/o OMNI COLONNADE HOTEL 180 Aragon Avenue Coral Gables, Florida 33134-5439

November 6, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Document #N01000004513, The Colonnade Condominium Association, Inc.

To Whom It May Concern:

We are in receipt of the "Notice of Administrative Dissolution or Revocation" from the Florida Department of State, Division of Corporations for The Colonnade Condominium Association, Inc., Document #N01000004513. Unfortunately we did not receive the original Uniform Business Report, therefore we have completed the Application for Reinstatement and are submitting this along with a check in the amount of \$150.00. In consideration of the non-receipt of the Uniform Business Report we are respectfully requesting that you waive the reinstatement fee.

Thank you for your cooperation.

Sincerely,

The Colonnade Condominium Association, Inc.

Richard D. Pietropoli

Vice President and Treasurer