PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED FLORIDA DEPARTMENT OF STATE 03 OCT 27 PM 2: 42 CORPORATION Jim Smith REINSTATEMENT Secretary of State Sconciami Di STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA **DOCUMENT # N02000003257** 1. Corporation Name AVIGNON IN THE GABLES CONDOMINIUM ASSOCIATION, INC. 2<mark>00024102132</mark> 27/03--01018--014 **61.25 2. Principal Office Address 3. Mailing Office Address 2401 ANDERSON ROAD 2401 ANDERSON ROAD Suite, Apt. #, etc. _Suite, Apt. #, etc. 4. Date Incorporated or Qualified UNIT # 1 UNIT # 1 To Do Business in Florida 05/01/2002 City & State City & State 5. FEI Number Applied For CORAL GABLES, FLORIDA CORAL GABLES, FLORIDA 03-0443650 Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status. 33134 USA 33134 USA 7. Name and Address of Current Registered Agent ROBERT JACOBSON Street Address (P.O. Box Number is Not Acceptable) 2401 ANDERSON ROAD Suite, Apt. #, Etc. UNIT # 1 City State Zip Code CORAL GABLES 33134 8. I, being appointed the registered agent of the bove harned comporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Titles City / State / Zip Officers and/or Directors Officer and/or Director _---ROBERT JACOBSON 2401 ANDERSON ROAD, #1 CORAL GABLES, FL 33134 10. 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)(i), 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:

STF FL32524F.1

AVIGNON IN THE GABLES CONDOMINIUM ASSOCIATION, INC. 2401 Anderson Road, Unit 1 Coral Gables, Florida 33134

October 17, 2003

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314

TAXPAYER: AVIGNON IN THE GABLES CONDOMINIUM ASSOCIATION, INC.

DOC. NO.: N02000003257

FORM: APPLICATION FOR REINSTATEMENT

PERIOD: 2003

Gentlemen / Mesdames:

I am writing to you regarding the penalties imposed as a result of the late filling of the 2003 Uniform Business Report. Foremost, please note that it was not my willful neglect or intent to not timely pay and file the Corporate Annual Report but simply a result of the facts stated below.

During the last part of 2002 the Condominium Association was turnover from the Developer to the unit owners. As a result of the turnover, we had all of the address change for the Company from the Developer address to the Condominium Association address. During this change it seems that the original copy of the Report was forwarded to the Developer of which he never forwarded such report to the unit owners. It was not until this past week when I was contacted by the Developer stating that he had received the annual report however the Developer never forwarded us the Annual Report. Therefore, please up-date your records accordingly to reflect the correct Registered Agent, Officer and address of the Association as "2401 Anderson Road, Unit 1, Coral Gables, 33134".

---In-light of the above facts, I respectfully request the abatement of all penalties. In addition, enclosed please find a check for \$61.25, which represents the annual fee for 2003.

Please do not hesitate to contact me should you have any questions.

Sincerely

Robert Jacobson, President / Treasure

Enclosures