

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000005844

1. Corporation Name

M RESORT RESIDENCES CONDOMINIUM
ASSOCIATION, INC.

2. Principal Office Address

18695 Collins Avenue

Suite, Apt. #, etc.

City & State

Sunny Isles Beach, Florida

Zip

33160

Country

USA

3. Mailing Office Address

1300 Brickell Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/01/2002

5. FEI Number

Applied For

☒ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Registered Agents of Florida, LLC

Street Address (P.O. Box Number is Not Acceptable)

100 S.E. Second Street

Suite, Apt. #, Etc.

Suite 2900

City

Miami

State

FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11-12-03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Ron L. Choron	1300 Brickell Avenue	Miami, Florida 33131
DV	Eduardo Imery	1300 Brickell Avenue	Miami, Florida 33131
DVST	Alejandro Aparicio	1300 Brickell Avenue	Miami, Florida 33131

REINSTATEMENT 03 TS

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:

Alejandro Aparicio, VP

11-12-03

305-351-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #