

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 FEB 16 AM 10:17

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000009758

1. Corporation Name
Roney Palace Commercial Condominium Association, Inc
c/o Chetrit Group
404 5th Avenue
New York, NY 10018

600088909016
02/21/07--01030--024 **367.50

REINSTATEMENT 03-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # c/o Chetrit Group		3. Mailing Office Address c/o Chetrit Group	
Suite, Apt. #, etc. 404 5th Avenue		Suite, Apt. #, etc. 404 5th Avenue	
City & State New York, NY 10018		City & State New York, NY	
Zip 10018	Country USA	Zip 10018	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1/7/2003	
5. FEI Number 36-4602584	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name RITTER ZARETSKY & LIEBER, LLP/Oren Lieber, Esq.


Street Address (P.O. Box Number is Not Acceptable)
555 NE 15th Street

Suite, Apt. #, Etc.
Suite 100

City Miami State FL Zip Code 33130

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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  Date January 26, 2007

REGISTERED AGENT MUST SIGN OREN LIEBER, ESQ.

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	Juda Chetrit	c/o Chetrit Group 404 5th Avenue	New York, NY 10018
DVT	Meyer Chetrit	c/o Chetrit Group 404 5th Avenue	New York, NY 10018
D/SCTY	William Achenbaum	c/o Chetrit Group 404 5th Avenue	New York, NY 10018

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 contained in Chapter 119, 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:  1/26/2007 305-372-0933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #