PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2006 DEC 28 PM 5: 12
DOCUMENT # NO 40000 10820		SECRETARY OF STATE
4 Comparison Name		SECRETARY OF STATE TALLAHASSEE.FLORIDA
PORTSIDE VILL ASSOCI OF BRE	AS CONDOMINIUM EVARD	
2. Principal Office Address 200 North 1975T.	3. Mailing Office Address 200 Nov-th 15th.	REINSTATE 09-4
Suite, Apt. #, etc.	Suite, Apt. #, etc.	31,2200 (12,000)
		4. Date Incorporated or Qualified To Do Business in Florida
COCOA BEACH, FL	City & State COCOA BEACH FLORIDA	5. FEI Number Applied For Not Applicable
32931 Country U.S.A.	32931 Country 32931 U.S.A	6. CERTIFICATE OF STATUS DESIRED COMPANY CONTROL CONTINUE OF STATUS DESIRED CONTROL CONTINUE OF STATUS
7. Name and Address of Current Registered Agent		
Name IMANCIA IN THIS COMMING MITS AND INC.		
Naviun Kiberman & MK5, Inc.		
Suite, Apt. #, Etc.		
CityCoca Beach State Zip Code FL 32931		
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		
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 Eacl Officer and/or Directo	
PRES. ERIC MINER	140 PORTSIDE / #21	- - -
V.P.Say LISA MOORE	18891 Lake Driv	e#502 Cape Canaveral FLORIDA 32920
TREAS RAZ MENAHE	ICA DAPTEING AL	
		9/10/08/28/13/489 12/28/0601010019 **61.25
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #		