

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 DEC 28 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05 000005820

1. Corporation Name

THE TIDES SOUTH BEACH CONDOMINIUM
RECORD ASSOCIATION, INC.

2. Principal Office Address

1220 OCEAN DR.

Suite, Apt. #, etc.

3. Mailing Office Address

1220 OCEAN DR.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33131

Country

USA

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-6-2005

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300082817403

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301-2525

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

Jaqueline M. Giles
REGISTERED AGENT MUST SIGN

Date 12/24/04

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
P	JASON S. HERTHEL	1220 OCEAN DR.	MIAMI BEACH, FL 33131
V	LUIS FERNANDES	1220 OCEAN DR.	MIAMI BEACH, FL 33139
T	PETER WILLIS	1220 OCEAN DR.	MIAMI BEACH, FL 33131

REINSTATEMENT

06 JSC

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

Jason Herthel

Date

12/22/06

Daytime Phone #

305-606-9811



CORPORATION SERVICE COMPANY

RESUBMIT
Please give original
submission date as file date.

ACCOUNT NO. : 072100000032

REFERENCE : 685452 7330267

AUTHORIZATION :

COST LIMIT : \$ 236.25

ORDER DATE : December 26, 2006

ORDER TIME : 10:14 AM

ORDER NO. : 685452-005

CUSTOMER NO: 7330267

DOMESTIC FILINGS

NAME: THE TIDES SOUTH BEACH
CONDOMINIUM RESORT
ASSOCIATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext# 2908

EXAMINER'S INITIALS

HSC
12/28/06