

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED

10 MAR 15 AM 7:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/15/10--01062--006 **358.75
CR2E081 (11/09)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000009382

1. Corporation Name
The Elaine Condominium Associations, Inc.

2. Principal Office Address - No P.O. Box # 1502 Jefferson Avenue		3. Mailing Office Address 407 Lincoln Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 6G	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33139	Country	Zip 33139	Country

4. Date Incorporated or Qualified To Do Business in Florida **09/12/2005**

5. FEI Number **203587104** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
FX Management, Inc

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

Suite, Apt. #, Etc.
6G

City State Zip Code
Miami Beach FL 33139

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 *Doris Perry* Date 3/12/10

REGISTERED AGENT MUST SIGN

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
President	Stephane Hainaut	1502 Jefferson Avenue	Miami Beach, FL 33139
VP	Richard Grundy	1502 Jefferson Avenue	Miami Beach, FL 33139
Treasurer	Margarete Gluck	1502 Jefferson Avenue	Miami Beach, FL 33139
Secretary	Gianluca Matulli	1502 Jefferson Avenue	Miami Beach, FL 33139

REINSTATEMENT **RH**

10. E-mail Address: doris@fxrealty.net

(To be used for future annual report notification)

11. 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. I further certify, 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: *Doris Perry* Date 3/12/10

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