

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Dec 18, 2007 8:00 A.M.**  
**Secretary of State**

DOCUMENT # N 0500000 9548

1. Corporation Name

CITY CENTER CONDOMINIUM ASSOCIATION, INC

2. Principal Office Address - No P.O. Box #  
17 E FLAGLER STREET

3. Mailing Office Address  
PO BOX 13351

Suite, Apt. #, etc.  
SUITE 111

Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State  
Miami FL

Zip  
33131

Country

Zip  
33101

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

9/15/2005

5. FEI Number

☒ 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  
Jeff Sherman

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

Suite, Apt. #, Etc.  
SUITE 219

City  
Miami

State  
FL

Zip Code  
33131

☒ 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

*Jeff Sherman*

REGISTERED AGENT MUST SIGN

Date Dec 13, 2007

**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	Jeff Sherman	17 East Flagler St #219	Miami FL 33131
vp	Thelma Sherman	17 East Flagler ST 219	Miami FL 33131
ST	Lilianna Di Cesare	17 East Flagler ST 219	Miami FL 33131

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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:

*Jeff Sherman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 13, 02

Date

Daytime Phone #

3053750720