


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
08 OCT 16 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N06000003285-</b> 1. Entity Name 1800 CLUB MASTER ASSOCIATION, INC.	
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Principal Place of Business 1800 NORTH BAYSHORE DR. MIAMI, FL 33132	Mailing Address 1800 NORTH BAYSHORE DR. MIAMI, FL 33132
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



**REINSTATEMENT** 08

10102008 REIN-NP      CR2E099(1707)

<b>6. Name and Address of Current Registered Agent</b>	
PALACHI, ASLAN 1200 BRICKELL AVENUE SUITE 1720 MIAMI, FL 33131	

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Aslan Palachi*      DATE 10/10/08

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$61.25</b> After January 1, 2009, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD BAUMANN, MICHAEL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1200 BRICKELL AVENUE, SUITE 1720	NAME	
STREET ADDRESS	MIAMI, FL 33131	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VDST PALACHI, ASLAN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1200 BRICKELL AVENUE, SUITE 1720	NAME	
STREET ADDRESS	MIAMI, FL 33131	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Aslan Palachi*      DATE 10/10/08      Daytime Phone # 305-375-0090

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