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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

13 DEC 17 PM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12000010389

1. Corporation Name

TB SPA BUILDING CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
19501 BISCAYNE BLVD	19501 BISCAYNE BLVD
Suite, Apt. #, etc. SUITE 400	Suite, Apt. #, etc. SUITE 400
City & State AVENTURA, FL	City & State AVENTURA, FL
Zip 33180 Country USA	Zip 33180 Country USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: NOVEMBER 1, 2012

5. FEI Number: ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: $30.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NRAI SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, etc.:

City: Plantation State: FL Zip Code: 33324

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: Michele Holden

Michele Holden,
Assistant Secretary

REGISTERED AGENT MUST SIGN

Date: 12/17/2013

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
D	MARIO A ROMINE	19950 W Country Club Dr 10th Floor	Aventura, FL 33180

10. E-mail Address: cciarcia@turnberry.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Mario A Romine 12/17/13 305 682 4106

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

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K. ASHTON

Attn: Kathy

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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CORPORATION REINSTATEMENT
TB SPA BUILDING CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
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Attn: Kathy

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