PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secreta	RTMENT OF STATE ary of State conponations	0 ե №	AY 28 NPH L: 26 APR 2 2 2004 AHASSEE, FLORIDA
DOQUMENT # N12103 1. Corporation Name			 ∓ALL	AHASSEET LOMBA
Southview At Aventura Condominium Association Inc.				•
2. Principal Office Address . 2950 N., 28 th Suite, Apt. #, etc. 3. Mailing O. 2950 Suite, Apt. #, etc.		ress 1. 28th Terr	<u> </u>	overated or Qualified
City & State		State To Do Bi State Solida State		iness in Florida 14 1985
Zip 33020 Country	33020	Country	6. CERTIFICATE	SOF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name The Continental Group INC. Street Address (P.O. Box Number is Not Acceptable) 2 950 N. 28 Terr. 400035751114 Suite, Apt. #, Etc. City Holly wood State Zip Code FL 33020				
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 Date 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 Direction Rendered Rendere		Street Address of Each Officer and/or Director	Ten.	City / State / Zip
VP Hicea Brenner		Hollywood, FL		33020
T Genoveva Mendoza S Larry Tornberg		/ !) /
S larry Tormberg		// 4 .0 05/07		1003575,1114 /0401042031 **61.25
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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 filling 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 under section 119.07(3)(i), 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 Date Daytime Phone #				