


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
07 JUL 30 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** *N-16682*  
1. Corporation Name  
**CATALINA GROVE VILLAS CONDOMINIUM ASSOCIATION, INC.**  
**DOCUMENT #** *N 16682*

2. Principal Office Address - No P.O. Box #  
**1917 NW 37TH STREET**  
Suite, Apt. #, etc.  
City & State  
**OAKLAND PARK, FL**  
Zip  
**33309** Country  
**USA**

3. Mailing Office Address  
**SAME**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**REINSTATEMENT**

CR2E081 (1/07) **1993-2007**

4. Date Incorporated or Qualified To Do Business in Florida  
**09 / 05 / 1986**

5. FEI Number  
**592816941** 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  
**MICHAEL MAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**1917 NW 37TH STREET**  
Suite, Apt. #, Etc.  
City  
**OAKLAND PARK** State  
**FL** Zip Code  
**33309**

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 *[Signature]* Date **7-17-7**  
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	MICHAEL MAN	1917 NW 37TH STREET	OAKLAND PARK, FL 33309
Treasurer	JOHN SAFRANEK	800 WEST AVENUE, APT. 716	MIAMI BEACH, FL 33139
Secretary	BERT VAN MIDDENDORP	2925 CATALINA STREET	MIAMI, FL 33133

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07/19/07--01050--004 \*\*546.88

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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: *[Signature]* **MICHAEL MAN, 7-17-7 (954) 651 7593**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Please find attached the reinstatement fee of \$ 1093.75 in the form of two checks (# 1043 for \$ 546.88 and # 5416 for \$ 546.88).

*gc 7/31*