

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18284

1. Corporation Name
TAMIAIR BUSINESS CENTER CONDOMINIUM
ASSOCIATION, INC., a Florida
Non Profit Corporation

W07-52871

2. Principal Office Address
7775 NW 48 Street

3. Mailing Office Address
7775 NW 48 Street

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.
100

City & State
Miami, FL

City & State
Miami, FL

Zip
33166

Country

Zip
33166

Country

4. Date Incorporated or Qualified
To Do Business in Florida 12/16/1986

5. FEL Number
59-2685325

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name
Sanford N. Reinhard, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2875 NE 191 Street

Suite, Apt. #, Etc.
404

City
Aventura

State
FL

Zip Code
33180

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

REGISTERED AGENT MUST SIGN

Date 10/15/2007

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/T	Sergio Fernanez	11240 SW 152 Court	Miami, FL 33196
VP	Harold Kessler	7775 NW 48 Street #100	Miami, FL 33166
S	Lee Kessler	7775 NW 48 Street #100	Miami, FL 33166

REINSTATEMENT 11/07

RH

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/2007 (325)859-8092
Date Daytime Phone #

SANFORD N. REINHARD, P.A.

ATTORNEY AT LAW
2875 N. E. 191~~ST~~ STREET
SUITE 404
AVENTURA, FLORIDA 33180

MIAMI
(305) 932-7555
TELECOPIER
(305) 935-5671
E-MAIL
sanrein@bellsouth.net

October 18, 2007

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Tamiair

Dear Sir:

Enclosed is the Corporation Reinstatement and our check in the amount of \$918.75 representing \$910.00 reinstatement fee plus \$8.75 for a certificate of standing.

Please send the certificate to my attention as soon as possible. Thank you.

Very truly yours,



Sanford N. Reinhard

SNR/sg