APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 MAY -8 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30770

JH 5.8.08

1. Corporation Name
MIAMI CENTER OWNER'S ASSOCIATION, INC.

REINSTATEMENT

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
201 SOUTH BISCAYNE BLVD.		201 SOUTH BISCAYNE BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI, FLORIDA		MIAMI, FLORIDA	
Zip	Country	Zip	Country
33131	USA	33131	USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
75-2294275
☐ 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
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

City	State	Zip Code
PLANTATION	FL	33324

☑ 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: Madonna Cuddihy — Special Assistant Secretary — 3/31/08
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
PD	MILLER, JACK	100 CHOPIN PLAZA	MIAMI, FL 33131
VD	DOBBS, JOE	201 SOUTH BISCAYNE BLVD.	MIAMI, FL 33131
S	BUTCHART-LIVIDINI, LILIAN	100 CHOPIN PLAZA	MIAMI, FL 33131
TD	VASSILAROS, MAGGIE	201 SOUTH BISCAYNE BLVD.	MIAMI, FL 33131

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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: Maggie Vassilaros — 3/31/08 — 305-536-8448
SIGNATURE OF OFFICER OR DIRECTOR OR TYPED NAME OF PERSON OTHER THAN OFFICER OR DIRECTOR

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