PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

18 JUN 08 AM 12:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N93000003766

1. Corporation Name
THE NORMA CONDOMINIUM ASSOC of MIAMI BEACH INC
1234 WASHINGTON AVE #300
MIAMI BEACH FL 33139

100314490011
06/08/18--01028--002 **235.25

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
Suite, Apt. #, etc	Suite, Apt. #, etc: ABOVE.
City & State	City & State: 300
Zip: 33139 / Country: MIAMI BEACH	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — ☐ 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: ~~TIM VODA / REGATTA REAL ESTATE~~ TIM VODA
TIM@REGATTAREALESTATE.COM

Street Address (P.O. Box Number is Not Acceptable): 1234 WASHINGTON ST.
Suite, Apt. #, etc: #300
City: MIAMI BEACH | State: FL | Zip Code: 33139

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 5/5/18
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
P.	MADELINE MERNICK	1605 EUCLID AVE #B1	MIAMI BEACH FL 33139
T	MICHAEL CIANNIELLO	1605 EUCLID AVE #B2	MIAMI BEACH FL 33139
S	VALERIE NADAMS	1605 EUCLID AVE #D1	MIAMI BEACH FL 33139
			JUN 11 2018
			C. CARROTHERS

10. E-mail Address: ~~TIM~~ @regattarealestate.com
(To be used for future annual report notification)

11. 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., 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: _____ 5/5/18
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #