PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 31 AM 9:42

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001066

1. Corporation Name
3257/3259 DAY AVENUE CONDOMINIUM

REINSTATEMENT 99-01

2. Principal Office Address	3. Mailing Office Address
3257 Day Avenue	3257 Day Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33133 Country: US	Zip: 33133 Country: US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0596908 — 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: Julie Bohanon

100004695221--3
-11/27/01--01060--017
****358.75 ****358.75

Street Address (P.O. Box Number is Not Acceptable): 3257 Day Avenue

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33133

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: X Julie Bohanon — REGISTERED AGENT MUST SIGN

Date: Sept. 6, 2001

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
Pres	Julie Bohanon (D)	3257 Day Avenue	Coconut Grove, FL 33133
Vice Pres	Brett Bohanon (D)	3257 Day Avenue	Coconut Grove, FL 33133
Sec.	Michael J. Lockwood (D)	3257 Day Avenue	Coconut Grove, FL 33133
Treas.	Michael J. Lockwood (D)	3257 Day Avenue	Coconut Grove, FL 33133
Dir.	Julie Bohanon (D)	3257 Day Avenue	Coconut Grove, FL 33133

NO OTHER OFFICERS AT PRESENT

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 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: X Julie Bohanon Sept 6, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #