

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 04 NOV 17 PM 4:47

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS**

DOCUMENT # N94000001238

1. Corporation Name  
Pavilion Condo Assoc. of MIAMI BEACH INC.  
5601 COLLINS AVE

2. Principal Office Address  
5601 COLLINS AVE  
 Suite, Apt. #, etc.

3. Mailing Office Address  
7900 NW 155 ST  
205  
 Suite, Apt. #, etc.

City & State  
Miami Beach FL      Miami LAKES FL

Zip      Country      Zip      Country  
33140      Dade      33010      Dade

REINSTATEMENT

04

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
05-0507310      Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name  
GRS Management of Broward

Street Address (P.O. Box Number is Not Acceptable)  
7900 NW 155th Street

Suite, Apt. #, Etc.  
Suite # 205

City      State      Zip Code  
Miami LAKES      FL      33010

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 11/10/04  
 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
Pres	<u>Carlos Oliver</u>	<u>5601 COLLINS AVE #M-10</u>	<u>Miami Beach FL 33140</u>
VP	<u>Rodolfo Gutierrez Zorrilla</u>	<u>5601 COLLINS AVE #PH-6</u>	<u>Miami Beach FL 33140</u>
Sec	<u>Luis Maseda</u>	<u>5601 COLLINS AVE #403</u>	<u>Miami Beach FL 33140</u>
T	<u>Pedro Ciera</u>	<u>13990 SW 20 ST</u>	<u>Miami FL 33175</u>
D	<u>Frank Beckman</u>	<u>5601 COLLINS AVE #110</u>	<u>Miami Beach FL 33140</u>
D	<u>Olga D'Amico</u>	<u>4779 COLLINS AVE #390</u>	<u>Miami Beach FL 33140</u>
D	<u>Lilia Sordano</u>	<u>5601 COLLINS AVE #908</u>	<u>Miami Beach FL 33140</u>

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 507 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)(f), 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]      Secretary/Director 10/29/04      Date (205)      Daytime Phone # 823-0072  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS D. MASEDA

11/23/04