PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -6 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003422

**1.** Corporation Name
Tropico Condominium Association, Inc

REINSTATEMENT 03-84

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 1614 Euclid Ave | 309 23rd Street #3B |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Miami Beach, FL | City & State: Miami Beach, FL |
| Zip: 33139 Country: | Zip: 33139 Country: |

**4.** Date Incorporated or Qualified --To Do Business in Florida

**5.** FEI Number: 65-0580728 ☐ 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: Regatta Real Estate Management, Inc

Street Address (P.O. Box Number is Not Acceptable): 309 23rd Street

000036273543
05/13/04--01067--012 **7.50

Suite, Apt. #, Etc.: #3B

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 4/26/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

**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 | Nancy Harmeyer | 1614 Euclid Avenue | Miami Beach, FL 33139 |
| VP | Justin Lopez | 1614 Euclid Avenue | Miami Beach, FL 33139 |
| T | Robert Goia | 1614 Euclid Avenue | Miami Beach, FL 33139 |
| S | Frank Lavin | 1614 Euclid Avenue | Miami Beach, FL 33139 |
| | | | |
| | | | |

**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:** Frank A. Lavin FRANK A. LAVIN SEAY 4-27-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #