


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N95000000008</b>	
1. Entity Name SEACOAST 5700 CONDOMINIUM ASSOCIATION, INC.	

**FILED**  
08 NOV -3 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 5700 COLLINS AVENUE MIAMI BEACH, FL 33140	Mailing Address 5700 COLLINS AVENUE MIAMI BEACH, FL 33140
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10222008 REIN-NP CR2E099 (1/07)

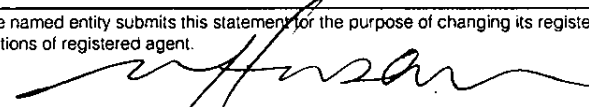
4. FEI Number 65-0630811	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HASAN, MUHAMMAD 5700 COLLINS AVENUE MIAMI BEACH, FL 33140	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 10.30.08  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$236.25**  
After January 1, 2009, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
S MONTY, LISETTE 5700 COLLINS AVE MIAMI BEACH, FL 33140	
P MASAN, MUHAMMAD 5700 COLLINS AVE MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete
D HARRIS, RON 5700 COLLINS AVE MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete
T WEINZWEIG, SANDY 5700 COLLINS AVE MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete
VP DIAZ RIZEI, MARCELO 5700 COLLINS AVE MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>REINSTATEMENT</b>	
500137574355 11/03/08--01055--008 **236.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 10-30-08 305-788-2202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR