PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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DOCUMENT # N97000005340

1. Corporation Name

ALHAMBRA CENTER CONDOMINIUM OWNERS' ASSOCIATION, INC.

REINSTATEMENT

CR2E081 (12/05) 05-06

2. Principal Office Address	3. Mailing Office Address
TWO ALHAMBRA PLAZA	same
Suite, Apt. #, etc.: 107	Suite, Apt. #, etc.
City & State: CORAL GABLES, FLORIDA	City & State
Zip: 33134 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 9/19/97

5. FEI Number: 65-0850770 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: Amanda Haddan as its agent — REGISTERED AGENT MUST SIGN Date: 11/14/06

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
D	JOE DOBBS	TWO ALHAMBRA PLAZA, STE 107	CORAL GABLES, FLORIDA 33134
D	RENEE HERNANDEZ-BOROT	TWO ALHAMBRA PLAZA, STE 107	CORAL GABLES, FLORIDA 33134

10. I certify that I am an officer or director, 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 contained in Chapter 119, 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: Joe Dobbs 11/14/06 954-880-4582
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell NOV 14 2006
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Florida Department of State
Division of Corporations
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Division of Corporations
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CORPORATION REINSTATEMENT

ALHAMBRA CENTER CONDOMINIUM OWNERS' ASSOCIATION, INC

Certificate of Status	0
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Amanda Hadden ext 2955

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