PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

7-5-05 01025 002 $350.75

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CR2E081 (8/05)

DOCUMENT # N98000006844

1. Corporation Name

NIMA COMMERCE PARK CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address	**3.** Mailing Office Address
14160 Palmetto Frontage Rd	14160 Palmetto Frontage Rd
Suite, Apt. #, etc.: #32	Suite, Apt. #, etc.: #32
City & State: Miami Lakes, FL	City & State: Miami Lakes FL
Zip: 33016 Country: USA	Zip: 33016 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12-4-98

5. FEI Number: 65-0890475 ☐ 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: WAYNE RINEHART

Street Address (P.O. Box Number is Not Acceptable): 14160 Palmetto Frontage Rd.

Suite, Apt. #, Etc.: #32

City: Miami Lakes State: FL Zip Code: 33016

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: Wayne Rinehart Date: 12/2/05

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
D	MARTY CAPARROS, JR.	14160 Palmetto Frontage Rd; #21	Miami Lakes, FL 33016
D	WAYNE RINEHART	14160 Palmetto Frontage Rd; #32	Miami Lakes, FL 33016
	REINSTATEMENT 03-05		B 12/06/05

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: [signature] MARTY CAPARROS JR. (Print Name) 12/02/05 (Date) 305-558-4090 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR