

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 31 PM 4:00

DOCUMENT # N99000005791

1. Corporation Name

The Metropolis at South Beach
Condominium Association, Inc.

REINSTATEMENT

00-02

5/9/00 90097 030 61.25

2. Principal Office Address

934 - 16th Street

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

Miami-Dade

3. Mailing Office Address

1/6 Regatta Real Estate

Suite, Apt. #, etc.

628 6th Street - 2nd Flr

City & State

Miami Beach, FL

Zip

33139

Country

Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida

9/27/99

5. FEI Number

65-0838503

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

Tim Voda - 1/6 Regatta Real Estate

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

628 - 6th Street - 2nd Floor

Suite, Apt. #, Etc.

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

REGISTERED AGENT MUST SIGN

Date

1/28/02

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	Andrea Greenwald	1500 Michigan Ave #16	Miami Beach, FL 33139
SD	Mariko Filby	934 16th St #12	Miami Beach, FL 33139
TD	Jill Ecklund	934 16th St #13	Miami Beach, FL 33139
AT	Tim Voda	628 6th St - 2nd Flr	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:

Tim Voda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

1/28/02

Daytime Phone #

305 673 1940