

R070001364573

FILED

07 MAY 18 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE CO

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N99000007129			
1. Corporation Name Omni Condominium Association, Inc.			
2. Principal Office Address - No P.O. Box # 551 5th Avenue		3. Mailing Office Address 551 5th Avenue	
Suite, Apt. #, etc. 34th Floor		Suite, Apt. #, etc. 34th Floor	
City & State New York, NY		City & State New York, NY	
Zip 10176	Country USA	Zip 10176	Country USA
4. Date incorporated or Qualified To Do Business in Florida 12/8/99			
5. FEI Number		Applied For ☒ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐			
7. Name and Address of Current Registered Agent CT Corporation System 1200 South Pine Island Road Suite, Apt. #, Etc. Plantation		☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the provisions of sections 607.0601 or 617.0603, F.S.		Anthony LaLauri Signature of Registered Agent 5-17-07 REGISTERED AGENT MUST SIGN	
9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
PD	Andrew Penson	551 5th Avenue, 34th Floor	New York, NY 10176
VSD	Mark Tettelbaum	551 5th Avenue, 34th Floor	New York, NY 10176
TD	Michael Gargano	551 5th Avenue, 34th Floor	New York, NY 10176
10. I certify that I am an officer or director of the corporation 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 taxes within 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 118, 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: Mark Tettelbaum		Date 6-9-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : BILZIN, SUMBERG BAENA PRICE & AXELROD LLP.
Account Number : 075350000132
Phone : (305)374-7580
Fax Number : (305)351-2122

CORPORATION REINSTATEMENT

OMNI CONDOMINIUM ASSOCIATION, INC.

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