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0002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 APR 17 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (12/07)

05-08

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02000050493

1. Corporation Name

OCEAN TOWER I 705, INC.

2. Principal Office Address - No P.O. Box

1000 BRICKELL AVENUE

Suite, Apt. #, etc.

300

City & State

MIAMI, FL

Zip

33131

Country

US

3. Mailing Office Address

1000 BRICKELL AVENUE

Suite, Apt. #, etc.

300

City & State

MIAMI, FL

Zip

33131

Country

US

7. Name and Address of Current Registered Agent

Name

AGI REGISTERED AGENTS, INC.

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

1000 BRICKELL AVENUE

Suite, Apt. #, Etc.

SUITE 300

City

MIAMI

State

FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

☐ 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.

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

5. FEI Number

Applied For

☒ Not Applicable

4. Date Incorporated or Qualified To Do Business in Florida

5/7/2002

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	EDUARDO LUBRANO	1000 BRICKELL AVENUE STE 300	MIAMI, FL 33131
D	MARTIN EDUARDO LUBRANO	1000 BRICKELL AVENUE STE 300	MIAMI, FL 33131
D	CIRO LUBRANO	1000 BRICKELL AVENUE STE 300	MIAMI, FL 33131

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 807 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO LUBRANO

4/17/2008

Date

305-416-6800

Daytime Phone #

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Division of Corporations

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305) 416-6800
Fax Number : (305) 416-6811

CORPORATION REINSTATEMENT

OCEAN TOWER I 705, INC.

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