

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 19 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000109170

1. Corporation Name

9500 OCEANS CONDO 909 CORP.

WA

REINSTATEMENT 06-08
CR2E081 (12/07) WSP

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

9511 COLLINS AVE

Suite, Apt. #, etc.

APT 909

City & State

SURFSIDE FL

Zip

33154

Country

USA

3. Mailing Office Address

9511 COLLINS AVE

Suite, Apt. #, etc.

APT 909

City & State

SURFSIDE FL

Zip

33154

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/3/03

5. FEI Number

20-0287411

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

JOSEPH NAE

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

1549 NE 123RD STREET

Suite, Apt. #, Etc.

City

N MIAMI

State

FL

Zip Code

33161

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 obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Joseph Nae

REGISTERED AGENT MUST SIGN

Date 8/15/8

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
PTD	HORACIO BERCUN	9511 COLLINS AVE APT 909	SURFSIDE FL 33154
VD	DIANA B ATRI DE BERCUN	9511 COLLINS AVE APT 909	SURFSIDE FL 33154

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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 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:

Joseph Nae

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/8

Date

(305) 541-3980

Daytime Phone #