

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  
TALLAHASSEE, FLORIDA

01 OCT 25 PM 4:02

DOCUMENT # P94000002718

1. Corporation Name

PROMO CONDO OF FLORIDA, INC.

2. Principal Office Address

17275 COLLINS AVENUE

Suite, Apt. #, etc.

SUITE 307

City & State

MIAMI BEACH FL

Zip

33160

Country

USA

3. Mailing Office Address

17275 COLLINS AVENUE

Suite, Apt. #, etc.

SUITE 307

City & State

MIAMI BEACH FL

Zip

33160

Country

USA

**REINSTATEMENT** 01

4. Date Incorporated or Qualified  
To Do Business in Florida ☒

January 12, 1994

5. FEI Number

59-3214054

Assessed 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

BRUNTON REGISTERED AGENTS, INC.

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

4710 NW 2ND AVENUE, #101

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33431

700004679297-7

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\*\*\*758.75 \*\*\*758.75

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

*[Signature]*

Date 10/23/01

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
PSTD	PARENT, PIERRE	17275 COLLINS AVENUE	MIAMI BEACH FL 33160
-V	BOUTHILLER, GILLES	17275 COLLINS AVENUE	MIAMI BEACH FL 33160

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/01 305-944-6814

Daytime Phone #

CR2001 (8/00)