

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

00 NOV 13 PH 1:57

DOCUMENT # S46166

1. Corporation Name WINDOW TO THE SEA, INC.

2. Principal Office Address
400 S. Pointe Dr. # 1701

Suite, Apt. #, etc.
#1701

City & State
Miami Beach FL

Zip Country
33139 USA

3. Mailing Office Address C/o Michael Liberatore, 1401 Brickell Ave.

Suite, Apt. #, etc.
Suite 300

City & State
Miami FL

Zip Country
33131 USA

REINSTATEMENT 00

4. Date Incorporated or Qualified To Do Business in Florida 04/18/91

5. FEI Number 65-0268272 **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
Michael J. Liberatore

Street Address (P.O. Box Number is Not Acceptable)
1401 Brickell Avenue

Suite, Apt. #, Etc.
Suite 300

City
Miami

400003484044-3
-12/04/00-01022-010

****635.00 ****635.00

500003484045-3
-12/04/00-01022-011

****115.00 ****115.00

State Zip Code
FL 33131

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

Michael J. Liberatore
REGISTERED AGENT MUST SIGN

Date 10-18-00

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
DP	Ana Maria D. Dantas	400 S. Pointe Dr. #1701	Miami Beach FL 33139
DS	Joao Luiz D. Dantas	400 S. Pointe Dr., #1701	Miami Beach FL 33139
D	Camilla D. Herreros	400 S. Pointe Dr., #1701	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: *Ana Maria D. Dantas* (305) 374-0306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ANA MARIA D. DANTAS

CR2E081 (9/99)