

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUN 28 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000007129

1. Corporation Name

Omni Condominium Association, Inc.

2. Principal Office Address
3250 Mary Street

3. Mailing Office Address
3250 Mary Street

Suite, Apt. #, etc.
500

Suite, Apt. #, etc.
500

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33133 USA

Zip Country
33133 USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida** 12/6/99

5. FEI Number Applied For
XX 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
Sherwood Weiser

Street Address (P.O. Box Number is Not Acceptable)
3250 Mary Street

Suite, Apt. #, Etc.

City
Miami

700004460987-6

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****306.25 ****306.25

ILS

State Zip Code
FL 33133

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

Date 6-28-01

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
P/D	Karim Alibhai	3250 Mary Street	Miami, FL 33133
V/D	Sherwood Weiser	3250 Mary Street	Miami, FL 33133
S/T/D	Warren Weiser	2665 South Bayshore Drive, Suite 1002	Miami, FL 33133

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 6-28-01

Daytime Phone #

CR2E081 (9/00)