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FILED

07 MAY 18 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE CO

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000007129

1. Corporation Name

Omni Condominium Association, Inc.

REINSTATEMENT 05-07

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
551 5th Avenue		551 5th Avenue	
Suite, Apt. #, etc. 34th Floor		Suite, Apt. #, etc. 34th Floor	
City & State New York, NY		City & State New York, NY	
Zip 10176	Country USA	Zip 10176	Country USA

4. Date Incorporated or Qualified To Do Business In Florida: 12/6/99

5. FEI Number: ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Numbers Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

☑ 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 617.0505, F.S.

Signature of Registered Agent: Anthony LiCausi — Anthony LiCausi, Vice President — 5-17-07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Andrew Penson	551 5th Avenue, 34th Floor	New York, NY 10176
VSD	Mark Teitelbaum	551 5th Avenue, 34th Floor	New York, NY 10176
TD	Michael Gargano	551 5th Avenue, 34th Floor	New York, NY 10176

10. I certify that I am an officer or director of the reorganized 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 the officers 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: Mark Teitelbaum — 212 692-5804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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K. Eckel MAY 18 2007

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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Account Number : 075350000132
Phone : (305)374-7580
Fax Number : (305)351-2122

CORPORATION REINSTATEMENT

OMNI CONDOMINIUM ASSOCIATION, INC.

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