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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 13 PM 3: 34

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 03 000 137 808**

1. Corporation Name

ONE BAL HARBOUR 24D, INC.

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address

792 MONTGOMERY STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BROOKLYN, N.Y.

City & State

Zip

11213

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/2003

5. FEI Number

59-3773617

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

ADAM R. SCHIFFMAN, ESQUIRE

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

2999 N.E. 191 STREET

Suite, Apt. #, Etc.

900

City

AVENTURA

State

FL

Zip Code

33180

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

REGISTERED AGENT MUST SIGN

Date

11/10/06

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
D/P/S/T	SARAH ANDRUSIER	792 MONTGOMERY STREET	BROOKLYN, N.Y. 11213

~~600081735485~~
11/13/06--01020--021 **450.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/06

Date

Daytime Phone #

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ADAM R. SCHIFFMAN, P.A.

ATTORNEYS AT LAW

CONCORDE CENTRE II • SUITE 900
2999 NORTHEAST 191 STREET
AVENTURA, FLORIDA 33180

DADE (305) 682-1328
FAX (305) 682-0063

ADAM R. SCHIFFMAN

November 10, 2006

FEDERAL EXPRESS

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: ONE BAL HARBOUR 24D, INC.

Dear Sir or Madam:

Enclosed for filing is the original of the Corporation Reinstatement Form for the above-referenced Corporation. In addition, I have also enclosed our Firm check in the amount of \$450.00 which constitutes the fees necessary for reinstating the Corporation. Pursuant to our telephone conversations with your office, we were told to only forward this reduced amount, as we never received any notices regarding this corporation, including, but not limited, to any possible involuntary dissolution. If there is any problem with this filing, please call us immediately.

Your early attention to this matter will be appreciated.

Very truly yours,



ADAM R. SCHIFFMAN

ARS:sk
encls.