

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 DEC 20 PM 12:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **702839**
1. Corporation Name
BALMORAL APARTMENTS INC

REINSTATEMENT 99-00

2. Principal Office Address
350 COLLINS AVE
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL

City & State

Zip
33139

Country
USA.

Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida
FLD: 08-30-1961

5. FEI Number
59-1034138

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

04-16-99 50000 041 \$61.25

7. Name and Address of Current Registered Agent

Name
JOSEPH H WINDISH

Street Address (P.O. Box Number is Not Acceptable)
350 COLLINS AVE APT 102

Suite, Apt. #, Etc.
APARTMENT 102

City
MIAMI BEACH

State
FL

Zip Code
33139

700003515567-3
-12/28/00-01042-009
****236.25 ****236.25

700003515567-3
-12/28/00-01042-010
****8.75 ****8.75

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
Joseph H Windish

REGISTERED AGENT MUST SIGN

Date
28 Nov 2000

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
V.D.	Beck, SAM	350 COLLINS AVE APT 104	MIAMI BEACH, FL 33139
P.	DE SANTIS, NICOLETTA	350 COLLINS AVE APT. 301	MIAMI BEACH, FL 33139
D.	RODRIGUEZ, MANUEL	350 COLLINS AVE APT 105	MIAMI BEACH, FL 33139
T.D.	SAMBOR, ROBERT	350 COLLINS AVE APT. 202	MIAMI BEACH, FL 33139
S.	WINDISH, JOSEPH	350 COLLINS AVE APT 102	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.

KE

SIGNATURE: *Nicoletta De Santis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
11-28-00

Daytime Phone #
305-532-1997

CR2E081 (9/99)