

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPLICATION  
 FOR  
 REINSTATEMENT

FILED

97 MAY 16 PM 1:29

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **707557**  
 1. Corporation Name  
**NONNIE SUE, INC., A CONDOMINIUM**  
*W97-10597*

Principal Place of Business Mailing Address  
**543 Meridian Avenue P.O. BOX 546574**  
**Miami Beach, Fl 33139 Surfside, FL 33154**

**REINSTATEMENT** *92-97*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/08/1964	
City & State		City & State		5. FEI Number	
Zip		Country		59-6169446	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	Fred Moran	1220 NE 82nd Street	Miami, FL 33138
D/VP	Carmen Moran	1220 NE 82nd Street	Miami, FL 33138
D/S	Rosalia Gomez	630 S.Shore Drive	Miami Beach, Fl 33141
			600002190386--3 -05/23/97--01124--007 ***\$42.50 ***\$42.50

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <b>Fred Moran</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>1220 NE 82nd Street</b>	
		Suite, Apt. #, Etc.	
		City <b>Miami,</b>	State <b>FL</b>
		Zip Code <b>33138</b>	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
 Signature of Registered Agent *[Signature]* Date **03/12/97**  
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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]* Fred Moran  
 03/12/97 Date 305-754-0673 Daytime Phone #  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/96)