

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 19 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707557

1. Corporation Name

NONNIE SUE INC. A CONDOMINIUM

2. Principal Office Address

543 Meridian Ave.

3. Mailing Office Address

P.O. Box 414509

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL 33139

Zip

Country

City & State

Miami Beach, FL 33141

Zip

Country

REINSTATEMENT

99-10

4. Date Incorporated or Qualified

To Do Business in Florida

07/08/1964

5. FEI Number

59-6169446

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

Alfred Morana

900003307979-0

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

8801 Biscayne Blvd.

-06/28/00-01070-025

****306.25 ****306.25

Suite, Apt. #, Etc.

Suite 102

City

Miami

State

FL

Zip Code

33138

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/10/00

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
DP	Morana, Alfred	1220 NE 82nd St.	Miami, FL 33138
DPV	Morana, Carmen	1220 NE 82nd St.	Miami, FL 33138
DS	Gomez, Rosalia	630 S. Shore Dr.	Miami Beach, FL 33141

LS

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]

Carmen M. Morana

5/10/00

Date

305-758-0121

Daytime Phone #

CR2E081 (3/99)