

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR -9 PM 1:34

CORPORATION  
REINSTATEMENT



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

REINSTATEMENT 99-01

DOCUMENT # 707746

1. Corporation Name

LINCOLN PLAZA CONDOMINIUM, INC.

2. Principal Office Address

c/o Rex Property Svcs

3. Mailing Office Address

c/o Rex Property Svcs.

Subd. Apt. #, etc.

12263 SW 132<sup>nd</sup> Ct.

Subd. Apt. #, etc.

P.O. Box 527568

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33186

Country

USA

Zip

33152

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-1140434

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  SE 75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TRITA M. RAD, CAM

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

c/o REX Property Services

Subd. Apt. #, Etc.

12263 SW 132<sup>nd</sup> COURT

City

MIAMI

State

FL

Zip Code

33186

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

*Trita M. Rad*, CAM

Date 3/15/01

REGISTERED AGENT MUST SIGN

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
Pres.	AMADA LONGORIS	1400 Lincoln Rd	Miami Beach, FL 33139
Vice	FRANK RAMIREZ	"	"
Sec.	ALINA CAUCE	"	"
Treas	John Mulloy	"	"
Dir	EDUARDO MARRERO	"	"
Dir	Pilar Bell	"	"

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 119.073(1), 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:

*Gay J. Long*

3-19-01

305-552-5559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

00250414500