

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DOCUMENT # 707943 (7)

1. Corporation Name

1231 PENN, INC. CONDOMINIUM

Mailing Address

Principal Place of Business

c/o CAM Management Serv. 1231 Pennsylvania Ave. P.O. Box 5103 Hialeah, Fl. 33014 Miami Beach, Fl. 33139

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

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City - State - Zip. Rows include Rebecca Rovisosa, Anthony Sokol, and Jesus Prado.

8. Name and Address of Current Registered Agent

Anita J. Gonzalez CAM Management Services, Corp. 6175 N.W. 167th St. Suite G- 20 Miami Lakes, Fl. 33015

9. Name and Address of New Registered Agent

Name, Street Address (P.O. Box Number is Not Acceptable), Suite, Apt. #, Etc, City, State, Zip Code

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

Handwritten signature of Anita J. Gonzalez

Anita J. Gonzalez REGISTERED AGENT MUST SIGN

Date

3/8/99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

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

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Handwritten signature of Rebecca Rovisosa

Rebecca Rovisosa

Date

3/8/99

Telephone #

(305) 826-9191

FILED FEB 26 PM 4:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT

97-99 ad

DO NOT WRITE IN THIS SPACE 4 Date Incorporated or Qualified To Do Business in Florida 10/09/64 5. FEI Number 59-1710753 6 CERTIFICATE OF STATUS DESIRED [X] \$8.75 Additional Fee required for a Certificate of Status

CR2000 (6/94)