


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 707943**

1. Corporation Name  
1231 PENN. INC., A CONDOMINIUM

2. Principal Office Address 1231 Pennsylvania Avenue Suite, Apt. #, etc.		3. Mailing Office Address c/o Empress Property Management Suite, Apt. #, etc. 7175 SW 8th Street, Suite 212	
City & State Miami Beach, FL		City & State Miami, FL	
Zip 33139	Country USA	Zip 33144	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/09/1964

5. FEI Number 59-1710753 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 Andrew Lewis ANDREW LEWIS, ESQ.

Street Address (P.O. Box Number is Not Acceptable)  
4000 Hollywood Boulevard

Suite, Apt. #, Etc.  
# 265 - South

City Hollywood State FL Zip Code 33021

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] Date 3/26/04

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
<u>PD</u>	Brian Veale	124 Seashore DR.	Isla Morada, FL 33036
<u>STD</u>	Jaisa Venerio	10940 S.W. 70 Ter	MIAMI, FL 33173
<u>D</u>	Jesus Prado	521 Euclid Ave Miami Beach, FL	APE #1 33139
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10. I certify that I am an officer or director of 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] Date 3/17/04 (786) 388-0257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #