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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION REINSTATEMENT **98-00 WBR**

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709227

1. Corporation Name 719 Apartment Association, Inc.

Principal Place of Business Mailing Address

719 EUCLID AVE MIAMI BEACH FL 33139
1559 NE 167th Street N, Miami Beach FL 33162

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.		6/29/05	
City & State		City & State		5. FEI Number	
Zip		Country		-59-2604982	
				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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	JEFFERY DELANOY - D	719 EUCLID AVE #10	MIAMI BEACH FL 33139
SD	GEORGE DELANOY - D	719 EUCLID AVE #10 MIAMI BEACH FL 33139	MIAMI BEACH FL 33139
JD	DEAN NASH - D	719 EUCLID AVE #5 MIAMI BEACH FL 33139	MIAMI BEACH FL 33139
			400003509964-3
			12/21/00 01029 017
			***183.75 ***183.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GEORGE DELANOY 719 EUCLID AVE #10 MIAMI BEACH FL 33139		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State FL 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 *George Delano* Date 04/19/00

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: *George Delano*

(2)

719 Apartment Assoc, Inc.
C/O Pyramid Accounting Svcs, Inc.
1559 NE 167th Street
N. Miami Beach, FL 33162

October 17, 2000

Dept of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: #709227
1998/1999/2000 Uniform Business Report

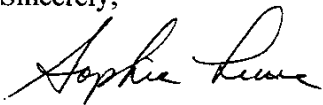
Dear Representative,

Included is our application to reinstate this corporation. Please be advised that the previous accountant for this association died of old age in 1999. Apparently he had been loosing his faculties towards his final days and he neglected to keep up with the annual reports.

As their new accountant, I am asking the Dept of State to please consider waiving the penalties due to this extreme circumstance. This is a 12 unit condo association that is having difficulty meeting their basic utility bills.

I am trying my best to tie up the loose ends and can assure you I will file all future reports on a timely basis. As such please accept their for \$183.75 to cover 1998, 1999 and 2000 and let us know your decision once it is reached.

Sincerely,



Sophia Lima, E.A.
Accountant