

APPLICATION FOR REINSTATEMENT



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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DOCUMENT # 711561  
1. Corporation Name 626 CONDOMINIUM INCORPORATED

Principal Place of Business Mailing Address  
626 Meridian Avenue  
Miami Beach, Florida 33139

REINSTATEMENT 13-97

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

2. New Principal Office Address, if Applicable 8101 Byron Avenue Apt. 210		3. New Mailing Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 1966	
5. FEI Number 59-2040322		Applied For		Not Applicable	
City & State Miami Beach, Fla.		City & State		CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
Zip 33141		Country Dade		Country	

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	Paul D. Kenner D	8101 Byron Ave. Apt. 210	Miami Beach, Fla. 33141
V.P.	Angelo Maravei D	626 Meridian Avenue	Miami Beach, Fla. 33139
Treas.	Marica M. Smreciu D	626 Meridian Avenue	Miami Beach, Fla. 33139

8. Name and Address of Current Registered Agent

9. Name and Address of Past Registered Agent

Name  
Paul D. Kenner  
Street Address (P.O. Box Number is Not Acceptable)  
8101 Byron Avenue  
Suite, Apt. #, Etc.  
Apt. 210  
City  
Miami Beach  
State  
FL  
Zip Code  
33141

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 Paul D. Kenner Date March 28, 1997  
 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 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: Marica M. Smreciu March 28, 1997 864-1100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #