

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
01 JAN -9 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 711726

1. Corporation Name  
Eastern Shores Palo Alto Association Inc.

Principal Place of Business  
3922 NE 166 ST  
N. Miami Beach, FL  
33160

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

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Address, If Applicable  
1717 N. Bayshore Dr  
Suite, Apt. #, etc.  
# 103  
City & State  
Miami, FL  
Zip Country  
33132

**REINSTATEMENT** *50*

4. Date Incorporated or Qualified To Do Business in Florida  
10/31/1966

5. FEI Number  
59-131104

Applied For  
Not Applicable

CERTIFICATE OF STATUS DESIRED  **\$875 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)

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
P, D	Phil Palazzo	3922 NE 166 ST	N. Miami Beach FL 33160
VP, D	Anglo Taranto	3922 NE 166 ST #305 S	N. Miami Beach, FL 33160
T, D	Juan Ramirez	3922 NE 166 ST	N. Miami Beach FL 33160
S, D	Mary Oswald	3922 NE 166 ST	N. Miami Beach FL 33160
D	John Reeder	3923 NE 166 ST #101 N	N. Miami Beach, FL 33160
D	Cesar Fabal	3923 NE 166 ST #110 N	N. Miami Beach FL 33160

8. Name and Address of Current Registered Agent

Daline Paz  
United Financial Property mgmt  
1717 N. Bayshore Drive  
Suite 127, Box 103  
Miami, FL 33132

9. Name and Address of New Registered Agent

Name  
Daline A. Paz  
Street Address (P.O. Box Number is Not Acceptable)  
1717 N. Bayshore Drive  
Suite, Apt. #, Etc.  
# 103  
City  
Miami

000003552610- - 2  
01/17/01 01/06 003  
State Zip Code  
\*\*\*23FL 3313225

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 *Daline Paz* REGISTERED AGENT MUST SIGN Date 1-3-01

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 in 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. **KE**

SIGNATURE: *[Signature]* X Dec 29/2000 X 305 944 9881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (12/95)