

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

02 DEC -4 PM 3:24

REINSTATEMENT

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 713206

1. Corporation Name  
 EIGHTH MOORINGS CONDOMINIUM, INC.

Principal Place of Business Mailing Address  
 18707 N E 14TH AVENUE 18707 N E 14TH AVENUE  
 NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179



000009094730  
 11/20/02--01014--014 \*\*236.25

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 <u>08/17/1967</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>59-1233805</u>	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VD	COICO, FRANK	18707 N.E. 14TH AVE.	N. MIAMI BEACH FL
CD	LUTZ, CATHIE	18707 N.E. 14TH AVE.	N. MIAMI BEACH FL
D	CASTILLO, ELVIA	18707 N.E. 14TH AVE.	N. MIAMI BEACH FL
TD	WEISMAN, GERTRUDE	18707 NE 14TH AVE	N. MIAMI BEACH FL
D	COHEN, MILTON	18707 NE 14TH AVE	N. MIAMI BEACH FL
D	HAREWOOD, ORMOND	18707 NE 14TH AVE	N. MIAMI BEACH FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SUNRAE MANAGEMENT SERVICES INC 4000 N. STATE RD. 7 SUITE 408 LAUDERDALE LAKES FL 33319		Name <u>SCOTT A BOSCH</u> Street Address (P.O. Box Number is Not Acceptable) <u>7071 WEST COMMERCIAL BLVD</u> Suite, Apt. #, Etc. <u>SUITE DB</u> City <u>TAMPA FL</u> State <u>FL</u> Zip Code <u>33319</u>	

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. or 617.0505, F.S.  
 Signature of Registered Agent Gertrude Weisman **REGISTERED AGENT MUST SIGN** Date 11/14/02

11. 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: GERTRUDE WEISMAN **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date 11/14 Daytime Phone # 305 944 6806

CR2E040 (8/02)