

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM APPROVED *18/10/2*
AND FILED

APPLICATION FOR REINSTATEMENT



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

1997 MAR 20 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 721043

1. Corporation Name
Collins Towers Condominium Assoc., Inc.

Principal Place of Business Mailing Address
AMA Management Serv., Inc. Same
6850 Coral Way, Suite 308
Miami, FL 33155

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.		5. FEI Number	
City & State		City & State		59-1416448	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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/D	Nick Alvarez	720 Collins Avenue	Miami, FL 33139
VP/D	Esteban Domason	720 Collins Avenue	Miami, FL 33139
S/D	Beatriz Garcia	720 Collins Avenue	Miami, FL 33139
T/D	Juan M. Estrada	720 Collins Avenue	Miami, FL 33139

REINSTATEMENT *73-97 768 3/21/97*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Anicia Morales AMA Management Serv., Inc. 6850 Coral Way #308 Miami, FL 33155		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

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: *Anicia Morales* REGISTERED AGENT MUST SIGN Date: *3/5/97*

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: *See attached Report of Signatures*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRS3040 (12/96)

FILE NOW: FILING FEE IS \$61.25

1/8/2002

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759609
 1. Corporation Name
COLLINS Towers Condominium Association, Inc.

Principal Place of Business	Mailing Address
AMA Management Services, Inc.	Same
6850 Coral Way #308	
Miami, FL 33155	

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		4. FEI Number 89-1416448		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Anicia Morales AMA Management Services, Inc. 6850 Coral Way #308 Miami, FL 33155				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Anicia Morales* Anicia Morales, Property Manager 2/5/97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	P/D			1.1 TITLE			
NAME	Nick Alvarez			1.2 NAME			
STREET ADDRESS	720 Collins Avenue			1.3 STREET ADDRESS			
CITY-ST-ZIP	Miami Beach, FL 33139			1.4 CITY-ST-ZIP			
TITLE	VP/D			2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Esteban Domason			2.2 NAME			
STREET ADDRESS	720 Collins Avenue			2.3 STREET ADDRESS			
CITY-ST-ZIP	Miami Beach, FL 33139			2.4 CITY-ST-ZIP			
TITLE	S/D			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Beatriz Garcia			3.2 NAME			
STREET ADDRESS	720 Collins Avenue			3.3 STREET ADDRESS			
CITY-ST-ZIP	Miami Beach, FL 33139			3.4 CITY-ST-ZIP			
TITLE	T/D			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Juan Manuel Estrada			4.2 NAME			
STREET ADDRESS	720 Collins Avenue			4.3 STREET ADDRESS			
CITY-ST-ZIP	Miami Beach, FL 33139			4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **2/5/97 (305)669-9850**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)