

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 <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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
<b>AMA Management Services, Inc. 6850 Coral Way #308 Miami, FL 33155</b>	<b>Same</b>

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

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

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