

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED
AUG 21 1998

98 AUG 21 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 72073

1. Corporation Name *Arbour Townhouse Condominium Association Section II, INC.*

700002634857--6
-09/09/98--01035--002
****297.50 ****297.50

Principal Place of Business Mailing Address
*262 N.E. 141st Street
North Miami, Fla 33161*

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

REINSTATEMENT 97-98
Date of Incorporation or Date of Last To Do Business in Florida

2. New Principal Office Address, If Applicable
3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. *Same* Suite, Apt. #, etc. *Same*
City & State *AS ABOVE* City & State *AS ABOVE*
Zip Country Zip Country

5. FEI Number *59-1449528*
Applied For Not Applicable

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
<i>D</i> President	<i>Nikki Turner</i>	<i>260 N.E. 141 Street</i>	<i>North Miami, Fla 33161</i>
<i>D</i> Vice President	<i>Philip Norz</i>	<i>14097 N.E. 2nd Court</i>	<i>North Miami, Fla 33161</i>
<i>D</i> Treasurer	<i>Mildred Phillips</i>	<i>262 N.E. 141 Street</i>	<i>North Miami, Fla 33161</i>
<i>D</i> Secretary	<i>WARRNETTE Lewis</i>	<i>272 N.E. 141 Street</i>	<i>North Miami, Fla 33161</i>

*JB
9-2-98*

8. Name and Address of Current Registered Agent
*WARRNETTE Lewis
272 N.E. 141 Street
North Miami, Fla 33161 (Board member)
and
Nikki Turner
460 N.E. 141 Street
North Miami, Fla 33161*

9. Name and Address of New Registered Agent
Name *WARRNETTE Lewis*
Street Address (P.O. Box Number if Not Applicable) *272 N.E. 141 Street*
Suite, Apt. #, Etc. *AS ABOVE*
City *North Miami* State *FL* Zip Code *33161*

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 *WARRNETTE Lewis (Board Member Secretary)* Date *7/20/98*
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 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: *WARRNETTE Lewis Secretary* 6/27/98 (305) 892-8046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #