

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT 18 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT 05



10132005 REIN-NP CR2E099 (6/04)

DOCUMENT # 725082					
1. Entity Name WINSTON TOWERS 300 ASSOCIATION INC					
Principal Place of Business 230-174 ST. SUNNY ISLES BEACH, FL 33160			Mailing Address 230-174 ST. SUNNY ISLES BEACH, FL 33160		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1457500	
				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PIA, MARY A 230 174TH STREET SUNNY ISLES BEACH, FL 33160				Name RENE J. GALINDO	
				Street Address (P.O. Box Number is Not Acceptable) 230-174 ST Apt 2404	
				City Sunny Isles Bch FL Zip Code 33160	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE				RENE J. GALINDO 10-13-2005	
Signature typed or printed name of registered agent and title (Applicable)				(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State.
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D PASKOW, STUART 230 174 STREET APT. M-03 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100060696691 10/18/05--01011--016 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEIDEN, LESTER 230 174TH UNIT 306 SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RENE J. GALINDO 230-174 ST APT 2404 Sunny Isles Bch, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST - TREASURER DUBOFF, JEAN 230 174TH UNIT 605 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIBERCHUK, JOSEPH 230 174TH STREET, APT. 1002 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIVA, MARANC 230 174 TH UNIT M03 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POVEDA, LUIS 230 174 TH UNIT 2407 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE			RENE J. GALINDO 10-13-2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		