

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 28 AM 7:00

DOCUMENT # 727060

1. Corporation Name

OLYMPIC TOWER ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

920 NE 169TH STREET

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH, FL

Zip

33162

Country

3. Mailing Office Address

920 NE 169TH STREET

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH, FL

Zip

33162

Country

500161084125
09/28/09--01040--001 **600.00
REINSTATEMENT 06-09
CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida

07/27/1973

5. FEI Number
59-1788309

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
BERYL VILINSKY

Street Address (P.O. Box Number is Not Acceptable)
920 NE 169TH STREET

Suite, Apt. #, Etc.

City
N. MIAMI BEACH

State
FL

Zip Code
33162

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Beryl Vilinsky*
REGISTERED AGENT MUST SIGN

Date 09/24/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BERYL VILINSKY	920 NE 160TH STREET	N. MIAMI BEACH, FL 33162

10. 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 contained in Chapter 119, 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:

Beryl Vilinsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BERYL VILINSKY 9-24-09 305-653-1085

a/2800