

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-11/17/98--01061--001
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REINSTATEMENT 98

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 742670

1. Corporation Name
AMERICANA VILLAGE CONDOMINIUM ASSOC. INC

Principal Place of Business Mailing Address
19800 SW 180th Avenue #602
Miami, FL 33187-2610

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 4/28/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2069462	
City & State		City & State		Applied For Not Applicable	
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	ESKAU, THOMAS	19800 SW 180 AVE #251	MIAMI, FL 33187
VP	PATTENAUDE, ELIZABETH	19800 SW 180 AVE #563	MIAMI, FL 33187
TD	JACKLEY, RICHARD	19800 SW 180 AVE #558	MIAMI, FL 33187
SEC	WALLACE, TED	19800 SW 180 AVE #384	MIAMI, FL 33187
MD	PASSINO, MARK	19800 SW 180 AVE #246	MIAMI, FL 33187
MD	WILCOX, BRIAN	19800 SW 180 AVE #375	MIAMI, FL 33187

8. Name and Address of Current Registered Agent SLATTERY, CAROLYN M 19800 SW 180 AVE #064 MIAMI, FL 33187		9. Name and Address of New Registered Agent Name: RICHARD JACKLEY Street Address (P.O. Box Number is Not Acceptable): 19800 SW 180 AVENUE Suite, Apt. #, Etc.: #558 City: MIAMI 800002689588--0 -11/17/98--01061--002 *****296.25 *****296.25	
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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: *Richard Jackley* Date: 11/6/1998
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(f), 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: *Thomas Esku* THOMAS ESKAU, PRESIDENT 11/6/98 (305)378-0205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (1988)