

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED SEP-8 PM 4:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 747029

W99-7899

1. Corporation Name

Key Townhouse Condominium, Inc.

Principal Place of Business

230 Sunrise Drive, Unit 5 Key Biscayne, FL 33149

Mailing Address

230 Sunrise Drive, Unit 5 Key Biscayne, FL 33149

REINSTATEMENT

81-99

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

5. FEI Number

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City/State/Zip. Includes entries for Michael Coppola, Vivian Gallagher, and Michael Cano.

8. Name and Address of Current Registered Agent

Robert R. Greenberg 230 Sunrise Drive Key Biscayne, FL 33149

9. Name and Address of New Registered Agent

Name: Joseph J. Weisenfeld c/o Weisenfeld & Associates Street Address: 550 Biltmore Way, Suite, Apt. #, Etc: 1120 City: Coral Gables State: FL Zip Code: 33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0405, F.S.

Signature of Registered Agent [Signature]

Date: 3/23/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [] No [X]

(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 chapters 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 617.0101, 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 119.02(3)(a), 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: Michael Coppola Pres. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael Coppola, President

3/23/99 306-361-0523