

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
AND
FILED

98 DEC 28 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752089

1. Corporation Name

THE TOWERS OF QUAYSIDE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ONE QUAYSIDE BLVD.
MIAMI FL 33138

ONE QUAYSIDE BLVD.
MIAMI FL 33138

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 98

4. Date Incorporated or Qualified To Do Business in Florida

04/18/1980

5. FEI Number

59-2023759

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)

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
PD	LUTNESS, LARRY	2000 TOWERSIDE TERRACE #607	MIAMI FL
D	KAPLAN, REUBEN	1000 QUAYSIDE TERRACE, #507	MIAMI FL
D	SERLICK, JOE	1000 TOWERSIDE TERR, #1702	MIAMI FL
D	EUSTER, JAY	1558 N.E QUAY TERRACE	MIAMI FL
DT	ESFORMES, MAURICE	4000 TOWERSIDE TERRACE #1412	MIAMI FL
VD	LEHMAN, BETTY	2000 TOWERSIDE TERRACE #512	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHRISTIANSON, WILLIAM
1133 N.E. 91ST TERR
MIAMI SHORES 33138

Name

Street Address (P.O. Box Number is Not Acceptable)

300002733653--3

Suite, Apt. #, Etc.

-01707789--01086--008

City

***236.25

State

FL

Zip Code

***236.25

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

William Christianson
WILLIAM CHRISTIANSON

REGISTERED AGENT MUST SIGN

Date

12/23/98

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)(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:

William Christianson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/98
Date

Daytime Phone #

CR2E040 (9/98)