

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 22 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754605

1. Corporation Name
ABBOTT GARDENS CONDOMINIUM
8101 BYRON AVE. - MIAMI BEACH FL. 33141

Principal Place of Business Mailing Address
1111 KANE CONCOURSE - SUITE 504
BAY HARBOR, FLORIDA, 33154

REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1111 KANE CONCOURSE
Suite, Apt. #, etc. 504
City & State BAY HARBOR, FL.
Zip 33154 Country DADE

3. New Mailing Office Address, If Applicable
1111 KANE CONCOURSE
Suite, Apt. #, etc. 504
City & State BAY HARBOR, FL.
Zip 33154 Country DADE

4. Date Incorporated or Qualified To Do Business In Florida 09/23/1980 SP

5. FEI No. 59/153/1185 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|---|---|
| PD | SUSANA LOPEZ | 8101 BYRON AVE. APT. # 312 | M. BEACH, FL. 33141 |
| VPD | ISERN KELLY | 8101 BYRON AVE. APT # 501 | M. BEACH, FL. 33141 |
| SD | KELLY KENNEDY ISERN | 8101 BYRON AVE. APT # 501 | M. BEACH, FL. 33141 |
| DT | ALFREDO VARGAS | 8101 BYRON AVE. APT. # 201 | M. BEACH, FL. 33141 |
| | | | 700003058687--2 -12/02/99--01041--014 ****236.25 ****236.25 |

8. Name and Address of Current Registered Agent
NUNEZ, LUZMARY
1111 KANE CONCOURSE - SUITE 504
BAY HARBOR FL. 33154

9. Name and Address of New Registered Agent
Name L.M. QUALITY MANAGEMENT SERVICE
Street Address (P.O. Box Number is Not Acceptable)
1111 KANE CONCOURSE
Suite, Apt. #, Etc. 504
City BAY HARBOR State FL Zip Code 33154

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 *[Signature]* Date 11/18/99
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)(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: *[Signature]* Susana Lopez Date (305) 845-8718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #