

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

97 APR 21 PM 2:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 757056

1. Corporation Name

MAISON GROVE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2401 Douglas Road
Coral Gables, FL 33145

P.O. Box 331821
Coconut Grove, FL
33233-1821

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

REINSTATEMENT

85-97

2. New Principal Office Address, if Applicable

DAVID K. TUCKER

Suite, Apt. #, etc.

3221 MARY STREET

City & State

COCONUT GROVE, FL

Zip

33133

Country

U.S.A.

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/09/81

5. FEI Number

59-2358315

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	TUCKER, DAVID K.	3221 Mary Street	Coconut Grove, FL 33133
VP/D	BURGE, R. THOMAS	3245 Mary Street	Coconut Grove, FL 33133
S	ZELL, GREGORY T.	3231 Mary Street	Coconut Grove, FL 33133
T/D	THORESEN, ERLING T.	3235 Mary Street	Coconut Grove, FL 33133
D	SPRINTIS, DAVID D.	3243 Mary Street	Coconut Grove, FL 33133
D	FREEMAN, MICHAEL J.	3227 Mary Street	Coconut Grove, FL 33133

8. Name and Address of Current Registered Agent

MJF REGISTERED AGENT CORP.
153 Sevilla Avenue
Coral Gables, Florida 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

4000002152094-1

City

-04/23/97-01077-015
***971 State FL ZIP 33133

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

Michael J. Freeman Pres
REGISTERED AGENT MUST SIGN

Date

3/20/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David K. Tucker
David K. Tucker

Date

4/18/97

Daytime Phone #

(305)
461-3627

CH2E040 (12/96)