

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

236. APPROVED
AND
FILED

DOCUMENT # 762733

1. Corporation Name

KEYSTONE MANOR CONDOMINIUM ASSOCIATION, INC.

1997 APR 14 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2225 NE 123RD STREET (BROAD CAUSEWAY)
NORTH MIAMI FL 33181

Mailing Address

2225 NE 123RD STREET (BROAD CAUSEWAY)
NORTH MIAMI FL 33181

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

C/O EDMOND L. SUGAR

Suite, Apt. #, etc.

950 S. FEDERAL HWY.

City & State

HLWD., FL

Zip

33020

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/1982

5. FEI Number

59-2183439

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
PD-	SHARP, WALTER	2225 NE 123RD ST #115	N MIAMI FL
D/P/D	SUGAR, EDMOND L	2225 NE 123RD ST # 950 S. FEDERAL HWY.	N MIAMI FL HLWD., FL 33020
ST-	AMINI, PARANDH-	2225 NE 123RD ST #212	N MIAMI FL-
D	STEVEN MONUS	950 S. FEDERAL HWY.	HLWD., FL 33020
D	T. T. KATX	950 S. Federal Hwy	HLWD FL 33020

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***297.50 ***297.50

8. Name and Address of Current Registered Agent

SHARP, WALTER
2225 NE 123 ST #212-
2225 NE 123RD ST #115
N MIAMI FL 33181

Name

EDMOND L. SUGAR

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

950 SOUTH FEDERAL HIGHWAY

Suite, Apt. #, Etc.

HOLLYWOOD, FL 33020

City

HOLLYWOOD

State

FL

Zip Code

33020

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]

REGISTERED AGENT MUST SIGN

Date Oct 3, 96

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 3, 96

Date

954-921-6328

Daytime Phone #

Revised 4/10/97