

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

98 NOV 25 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 765476

1. Corporation Name

ROTARY CLUB OF FORT LAUDERDALE NORTH, FLORIDA,  
SCHOLARSHIP FUND, INC.

Principal Place of Business

Mailing Address

2600 N ANDREWS AVE  
C/O THOMAS J BARNARD ATTN  
WILTON MANORS FL 33311

2600 N ANDREWS AVE  
C/O THOMAS J BARNARD ATTN  
WILTON MANORS FL 33311



REINSTATEMENT

98

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

2. New Principal Office Address, If Applicable 5009 NW 49th ROAD Suite, Apt. #, etc. TAMARAC City & State FLORIDA Zip 33319		3. New Mailing Office Address, If Applicable 5009 NW 49th ROAD Suite, Apt. #, etc. TAMARAC City & State FLORIDA Zip 33319		4. Date Incorporated or Qualified To Do Business in Florida 10/20/1982	
				5. FEI Number 59-2328033	
				Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
VD	BARNARD, THOMAS J.	2600 N ANDREWS AVE.	WILTON MANORS FL
PD	MOORE, SHANE	<del>2691 E OAKLAND PARK BLVD #601</del> C/O 5009 NW 49th ROAD	<del>FT LAUDERDALE FL</del> TAMARAC, FL
STD	MEEHAN, JERRY	6301 BAY CLUB DR.	FT LAUDERDALE FL
PD	STEWART, CHARLES A	1750 SW 22ND AVE	MIAMI FL
D	RINGEL, WILLIAM R	<del>105 LAKE EMERALD DR</del> 3680 COG LAKE DR	<del>OAKLAND PARK FL</del> COG LAKE CREEK, FL
D	VELLA, VINCE	2611 E OAKLAND PARK BLVD	FT LAUDERDALE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARNARD, THOMAS J 2600 N ANDREW S AVE WILTON MANORS FL 33311	Name	
	Street Address (P.O. Box Numbers Not Acceptable)	2600 N ANDREW S AVE #2
	Suite, Apt. #, Etc.	-12/03/98-01064-010 ****245.00 ****245.00
	City	State Zip Code FL

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 11-12-1998

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)(f), 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:

*[Handwritten Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

11/18/98

Date

954 564 5585

Daytime Phone #

CR2E040 (6/98)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1063

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED  
28 NOV 25 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NI11089

1. Corporation Name  
Thw Deauville Hotel Condominium Association, Inc.

Principal Place of Business Mailing Address  
6701 Collins Avenue 6701 Collins Avenue  
Miami Beach, FL 33141 Miami Beach, FL 33141

000002701750--8  
-12/03/98--01064--006  
\*\*\*\*245.00 \*\*\*\*236.25

REINSTATEMENT

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 09/08/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2725449	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
Pres/Dir	Mark E. French	6701 Collins Avenue	Miami Beach, FL 33141
VP/Dir	Steven A. Margol	6701 Collins Avenue	Miami Beach, FL 33141
Dir	Carlos Bustabad	6701 Collins Avenue	Miami Beach, FL 33141
Sec/Treas	Larry M. Mills	6701 Collins Avenue	Miami Beach, FL 33141

8. Name and Address of Current Registered Agent CT Corporation System 1200 South Pine Island Road Plantation, FL 33324		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code FL

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 See Attached. Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See instructions 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)(f), 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: Mark E. French Mark E. French 11/24/98 (901) 761-4664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRREG-040 (1/98)

W/3

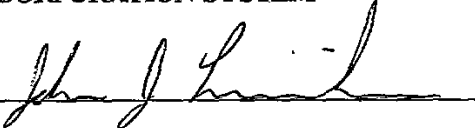
**ACCEPTANCE OF APPOINTMENT**

**RE: The Deauville Hotel Condominium Association, Inc.**

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: November 20, 1998

C T CORPORATION SYSTEM

By 

John J. Linnihan  
Assist. Vice President