

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM/EL

AND FILED

03-JUL-31 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 768554

1. Corporation Name

MNTY CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

865 NE 209 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

33179

Country

MIAMI-DADE

3. Mailing Office Address

865 NE 209 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33179

Country

MIAMI-DADE

REINSTATEMENT 01-03

4. Date Incorporated or Qualified To Do Business in Florida

05/20/1983

5. FEI Number

592390638

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARY E. MOLNAR

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

865 NE 209TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code  
33179

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

*Mary E Molnar*

REGISTERED AGENT MUST SIGN

Date 7-10-03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	NEAL SOLAWAY	841 NE 207 LANE, #201	MIAMI, FLORIDA 33179
VP/D	OSCAR BOWEN	865 NE 209 STREET	MIAMI, FLORIDA 33179
S/T/D	JON BUTCHER	821 NE 207 LANE, #101	MIAMI, FLORIDA 33179

10. 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:

*Neal Solaway*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-03

Date

205-654-4474

Daytime Phone #

CR2E081 (10/02)