

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG 10 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769720

1. Corporation Name

Tower Medical Plaza
Condominium Association, Inc.

2. Principal Office Address

9861 SW 184th ST.
Suite, Apt. #, etc.

3. Mailing Office Address

9861 SW 184th ST
Suite, Apt. #, etc.

City & State

Miami, FL

Zip Country
33157

City & State

Miami, FL

Zip Country
33157

REINSTATEMENT 0304

4. Date Incorporated or Qualified
To Do Business in Florida

8/4/1983

5. FEI Number

59-2778217

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

Breder, John C. c/o Breder Management Corp.

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

9861 SW 184th ST.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 7-20-04

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	<u>Chassner, Ronald S.</u>	<u>151 NW 11th St. E-304</u>	<u>Homestead, FL 33030</u>
VP	<u>Gold, Corey</u>	<u>151 NW 11 St. E202</u>	<u>Homestead, FL 33030</u>
S/T	<u>Terzian, Nelson</u>	<u>151 NW 11th ST. W-301</u>	<u>Homestead, FL 33030</u>

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08/10/04--01053--008 **910.00

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:

COREY GOLD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/04
Date

786-240-8585
Daytime Phone #

CR2E061 (07/04)