

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC -6 AM 10: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L23040**

1. Corporation Name

CRESCENT HEIGHTS X, INC.

Principal Place of Business

Mailing Address

~~999 WASHINGTON AVENUE
STE 100
MIAMI BEACH FL 33139~~

999 WASHINGTON AVENUE
STE 100
MIAMI BEACH FL 33139

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

2. New Principal Office Address, If Applicable

555 NE 15 Street

3. New Mailing Office Address, If Applicable

555 NE 15 Street

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

2nd Floor

City & State

Miami, FL

City & State

Miami, FL

Zip

33132

Country

USA

Zip

33132

Country

USA

REINSTATEMENT **99**

4. Date Incorporated or Qualified To Do Business in Florida

10/16/1989

5. FEI Number

65-0191625

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD#	KAHN, SONNY	999 WASHINGTON AVENUE 555 NE 15 Street	MIAMI BEACH FL 33139 MIAMI, FL 33132
VPD	GALBUT, RUSSELL	999 WASHINGTON AVENUE 555 NE 15 Street	MIAMI BEACH FL 33139 MIAMI, FL 33132
5	DACHOH, SHILOMO	999 WASHINGTON AVENUE 555 NE 15 Street	MIAMI BEACH FL 33139 MIAMI, FL 33132
T	Gutierrez, Miguel	555 NE 15 Street	MIAMI BEACH FL 33139 MIAMI, FL 33132
			MIAMI BEACH FL 33139 MIAMI, FL 33132
			MIAMI BEACH FL 33139 MIAMI, FL 33132

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GALBUT, ABRAHAM A 999 WASHINGTON AVE SUITE 100 MIAMI BEACH FL 33139	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, do hereby accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Miguel Gutierrez
REGISTERED AGENT MUST SIGN

Date **12/1/99**

11. 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:

Miguel Gutierrez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/99
Date

305.374.5700
Daytime Phone #

KE

4230

CS23040 (8/99)