

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 FEB -3 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0272
1. Corporation Name
Pelican Reef West Condominium Assoc.
199-29717

Principal Place of Business
1638 S. Bayshore Ct.
COCONUT GROVE FL 33133
Mailing Address
40 3557 S
7100 N. Kendall Dr
#805
Miami FL 33186

REINSTATEMENT 97-00

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
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida
4/21/84
5. FEI Number
59-2428797
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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	DR. JORGE BASSUK	1638 S. Bayshore Ct #401	COCONUT GROVE FL 33133
V	LARRY BAER	1638 S. Bayshore Ct #401	COCONUT GROVE FL 33133
S	Henry Benjamin Kalstone	1638 S. Bayshore Ct #203	COCONUT GROVE FL 33133
T	JACK LAINGER	1638 S. Bayshore Ct #502	COCONUT GROVE FL 33133
U	Harold Kendall, Jr.	1638 S. Bayshore Ct. #501	COCONUT GROVE FL 33133

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8. Name and Address of Current Registered Agent
SOYCE GOODMAN GUESTER, Esq.
10723 SW 104 St.
MIAMI FL 33186

9. Name and Address of Non-Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

700003130397--0
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***358.75
FL
***358.75

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] Date 1/11/00
REGISTERED AGENT MUST SIGN

11. This corporation owes 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 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] Date 12-27 Daytime Phone # KE

CR2E081 (12/98)