

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 8:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N10756**

1. Corporation Name

CONDOMINIUM "F" ASSOCIATION AT MEDITERRANEA, INC

Principal Place of Business

Mailing Address

~~341-1 IVES DAIRY RD.
 NORTH MIAMI BEACH FL 33179
 US~~

~~341-1 IVES DAIRY RD.
 NORTH MIAMI BEACH FL 33179
 US~~



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

2. New Principal Office Address, If Applicable

~~343-03 Ives Dairy Rd~~

3. New Mailing Office Address, If Applicable

~~343-03 Ives Dairy Rd~~

4. Date Incorporated or Qualified To Do Business in Florida

08/20/1985

5. FEI Number

59-2579854

Applied For

Not Applicable

City & State

~~North Miami Beach FL~~

City & State

~~North Miami Beach FL~~

Zip

~~33179~~

Country

~~US~~

Zip

~~33179~~

Country

~~US~~

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
D	COLEMAN, BARBARA	341-01 IVES DAIRY RD	MIAMI FL
PD	MITCHELL, JOEL B	343-9 IVES DAIRY RD	MIAMI FL
TD	ARNOLD, COLEMAN	341-1 IVES DAIRY RD.	MIAMI FL 33179
D	Speeling, Dennis	343-03 Ives Dairy Rd	Miami FL 33179
PD	Kahlout, Elizabeth	343-01 Ives Dairy Rd.	Miami FL 33179
TD	Therese Le Gros	341-5 Ives Dairy Rd	Miami FL-33179

8. Name and Address of Current Registered Agent

~~ARNOLD, COLEMAN
 341-1 IVES DAIRY RD.
 NORTH MIAMI BEACH FL 33179~~

9. Name and Address of New Registered Agent

Name **Dennis Speeling**
 Street Address (P.O. Box Number is Not Acceptable) **343-03 Ives Dairy Rd.**
 Suite, Apt. #, Etc.
 City **Miami** State **FL** Zip Code **33179**

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. or 617.0505, F.S.

Signature of Registered Agent

Dennis Speeling
 REGISTERED AGENT MUST SIGN

200024497652
 11/07/03--01005--014 **236.25

Date

Oct 10, 2003

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis J Speeling
Dennis J Speeling

Date

Oct 10, 2003

Daytime Phone #

505479-5522

CR2E040 (7/03)