

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 APR -3 AM 10: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N12712

1. Corporation Name  
NORTHWEST MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business  
2801 NORTH STATE ROAD 7  
MARGATE FL 33063  
US

Mailing Address  
*Gina Melby*  
2801 NORTH STATE ROAD 7  
MARGATE FL 33063  
US



REINSTATEMENT *97-98*

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/23/1985 <i>AD</i>	
City & State		City & State		5. FEI Number	
Zip		Zip		61-1259843	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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
VD	FELER, KEN	2694 MEADOWOOD COURT	FORT LAUDERDALE FL
D	<del>BERKERT, GINA</del> <i>Melby</i>	10138 182 CT. S	BOCA RATON FL 33498
D	JAFFEE, DONALD B CFO	2801 NORTH STATE ROAD 7	MARGATE FL 33063
D	GUIDA, CAROLYNE E.	3 GATEHOUSE RD	SEA RANCH LAKES FL
			800002482148--2
			-04/08/98--01013--005
			****297.50 ****297.50

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JAFFEE, DONALD B 2801 NORTH STATE ROAD 7 MARGATE FL 33063		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, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* Date *12/17/97*

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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 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)(f), 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 *12/22/97*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (8/97)