

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra L. Ham
Secretary of State
DIVISION OF CORPORATIONS

96-98

NO PROVED
AND
FILED

1998 FEB 13 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23327 W98-1178
1. Corporation Name
THE PALMS ON THE CREEK CONDO-
MINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
2370 NE 135 ST #406
NORTH MIAMI, FL 33181

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.		11/04/1987	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0175038/	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
P-D	ERICA GRUSKIN (D)	2370 NE 135 ST #406	NORTH MIAMI, FL 33181
V-D	JOSE R. BOSCHETTI (D)	2901 SW 8 ST #204	MIAMI, FL 33135
S-D	ISABEL POLO (D)	2370 NE 135 ST #306	NORTH MIAMI, FL 33181
T-D	MAURICIO MARTINEZ	2370 NE 135 ST #404	NORTH MIAMI, FL 33181

REINSTATEMENT ⁹⁶⁻⁹⁸ _{2/13/98}

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JOSE R. BOSCHETTI 2901 SW 8 ST #204 MIAMI, FL 33135		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		300002433163 -02/17/98--01038--002 ****357 SAU 2688367.50 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 REGISTERED AGENT MUST SIGN Date 1/5/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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 AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/5/98 (305)5417150 Daytime Phone #

CR2E040 (12/96)