

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 01 NOV -9 PM 6:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N48487**

1. Corporation Name

HILLCREST CONDOMINIUM NO. 1, INC.

Principal Place of Business

Mailing Address

5200 WASHINGTON ST
 HOLLYWOOD FL 33021

5200 WASHINGTON ST
 HOLLYWOOD FL 33021



REINSTATEMENT 01

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

04/20/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0383857

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	PETERS, LAWRENCE	5200 WASHINGTON ST	HOLLYWOOD FL
VPD	GCHARBONNEAU, JACQUE	5200 WASHINGTON ST	HOLLYWOOD FL
PD VPD	ISOLANO, DELIA	5200 WASHINGTON ST	HOLLYWOOD FL
VPD	BREAULT, JOYCE	5200 WASHINGTON ST	HOLLYWOOD FL
PD	REINFELD, MILDRED	5200 WASHINGTON ST	HOLLYWOOD FL 33021
TD	CORDONADO CHONG, CORDONADO	5200 WASHINGTON ST	HOLLYWOOD, FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~PETERS, LAWRENCE~~
~~5200 WASHINGTON ST~~
~~HOLLYWOOD FL 33021~~

Name MILDRED REINFELD
 Street Address (P.O. Box Number is Not Acceptable)
5200 WASHINGTON STREET
 Suite, Apt. #, Etc.
 City HOLLYWOOD State FL Zip Code 33021

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

Mildred Reinfeld
 REGISTERED AGENT MUST SIGN

300004703343--3
 -12/04/92-0093--011
 Date
 ***236.25 ***236.25

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

Date

Daytime Phone #

Mildred Reinfeld

Nov. 6/01

CR2E040 (8/01)