

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

IS FORWARDED AND FILED

1997 OCT 17 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # N94000002486

1. Corporation Name
BEACH COLONY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
100 N. Biscayne Blvd. Same
21st Floor
Miami, Florida 33132

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

2. New Principal Office Address, If Applicable 208 Jefferson Ave. Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 208 Jefferson Ave. Suite, Apt. #, etc. #114
City & State Miami Beach	City & State Miami Beach
Zip 33139 Country USA	Zip 33139 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 5/16/94	
5. FEI Number 65-0501727	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

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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	David Johnson	208 Jefferson Ave. #114	Miami Beach, FL 33139
VP/D	Nadia Ameen	208 Jefferson Ave. #115	Miami Beach, FL 33139
S/D	Jose Renato Brandileone	208 Jefferson Ave. #103	Miami Beach, FL 33139
T/D	Carlos Giacian	208 Jeffersone Ave. #107	Miami Beach, FL 33139
D	Linda Bailleul	208 Jefferson Ave. #116	Miami Beach, FL 33139

REINSTATEMENT *David Johnson*

8. Name and Address of Current Registered Agent
Rebecca M. Miller
100 N. Biscayne Blvd.
21st Floor
Miami, FL 33132

9. Name and Address of New Registered Agent

Name Steven C. Cronig		
Street Address (P.O. Box Number is Not Acceptable) 501 Brickell Key Drive		
Suite, Apt. #, Etc. Suite 300		
City Miami	State FL	Zip Code 33131

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: **10-16-97**

REGISTERED AGENT MUST SIGN

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 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]* Date: **October 16, 1997** Daytime Phone #: **(305) 673-4323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID JOHNSON, PRESIDENT

CR2E040 (12/96)