

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 NOV 29 PM 12:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N95000005615**
 1. Corporation Name
CLEARVIEW TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 2829 INDIAN CREEK DRIVE MIAMI BEACH FL 33140
 2829 INDIAN CREEK DRIVE MIAMI BEACH FL 33140



05-01-99-90066-041 \$ 61.25

2. Old Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
 11/28/1995

5. FEI Number
 65-0653302 Applied For Not Applicable

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 |
|---------------|-------------------------------------|--|--|
| EST P/D T/P/D | STERN, JOSEPH - JOSE TORO | 4702 15TH AVENUE, SUITE A-9 2829 INDIAN CREEK DRIVE | BROOKLYN NY 11219 MIAMI FL 33140 |
| s/d | STERN, JOSEPH GEORGE POUNCOSES | 4702 15TH AVENUE, SUITE A-9 2829 INDIAN CREEK DRIVE 402 | BROOKLYN NY 11219 MIAMI FL 33140 |
| 8 | WOOD, RICHARD A. Yas el Lipskar | 1111 LINCOLN ROAD, SUITE 500 2829 INDIAN CREEK DRIVE 1109 | MIAMI BEACH FL 33139 MIAMI BEACH FL 33140 |
| | LOPEZ, PETER | 1111 LINCOLN ROAD, SUITE 500 | MIAMI BEACH FL 33139 |

8. Name and Address of Current Registered Agent
 WOOD, RICHARD A.
 1111 LINCOLN ROAD MALL
 SUITE 500
 MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent
 Name: PROPERTY MANAGEMENT SERVICES CORP.
 Street Address (P.O. Box Number is Not Acceptable): 8299 CORAL WAY
 Suite, Apt. #, Etc.
 City: MIAMI State: FL Zip Code: 33155

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.
 Registered Agent Signature: *Richard A. Wood* Date: 10/19/99

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: *George J. Pouncoses*
 * SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 GEORGE J. POUNCOSES
 VICE PRESIDENT
 Date: 10-19-99 305-5345375
 Daytime Phone #

CR2040 (8/99)