

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

99 APR 28 PM 5:16  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000427

1. Corporation Name  
Washington Park Cross Association, Inc

Principal Place of Business (see below) ↓  
Mailing Address (see below) ↓

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

2. New Principal Office Address, If Applicable  
1751-1755 Washington Ave  
Suite, Apt #, etc.

3. New Mailing Office Address, If Applicable  
PO Box 398553  
Suite, Apt #, etc.

4. Date Incorporated or Qualified To Do Business in Florida  
1-27-97

5. FEI Number  
65-0738286 Applied For  Not Applicable

City & State  
Miami Beach FL  
Zip 33139 Country USA

City & State  
Miami Beach, FL  
Zip 33239 Country USA

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 (Do NOT Use Post Office Box Numbers)	4 City, State & Zip
<u>D (Pres)</u>	<u>Andrew M. MacConnel</u>	<u>1751 Washington Ave, 4-F</u>	<u>Miami Beach, FL 33139</u>
<u>D (V.P./Sec)</u>	<u>Daniel Bowman</u>	<u>1751 Washington Ave, 3-E</u>	<u>Miami Beach, FL 33139</u>
<u>D (Treas)</u>	<u>Jose Lima</u>	<u>1755 Washing Ave, 1-C</u>	<u>Miami Beach, FL 33139</u>

**REINSTATEMENT 98-99** **B. 5/3/99**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name John F. Hernandez, ESQ  
Street Address (P.O. Box Number is Not Acceptable) 501 Brickell Key Drive  
Suite, Apt #, Etc Suite 200  
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 607.0506, F.S.

Signature of Registered Agent [Signature]  
REGISTERED AGENT MUST SIGN

Date 4/9/99

11. This corporation owes 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)(b), 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] DANIEL BOWMAN, VP/Treas 4/13/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CPRE09 (12/98)