

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



2000 LIBE

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N99000006706**

1. Corporation Name

POINT ROYALE CONDOMINIUM 7 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

19430 SW 103 CT.
MIAMI FL 33157-8582

19430 SW 103 CT.
MIAMI FL 33157-8582

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

07/19/00 90009 039 #el. 25

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/04/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

APPLIED FOR

Not Applicable

Zip

Country

Zip

Country

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	GARY SIMPSON	19434 SW 103 CT.	MIAMI, FL 33157
VPD	MOHAMAD ISMAEL	15911 SW 106 AVE	MIAMI, FL 33157
TD	GERALD K. THOMAS	19430 SW 103 CT.	MIAMI, FL 33157
SD	ALEX MARTINEZ	16330 SW 109 AVE	MIAMI, FL 33157

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMAS, GERALD K
19430 SW 103 CT.
MIAMI FL 33157-8582

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 **10-22-00**

REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-22-00**

Daytime Phone # **305-216-2085**

Date

Daytime Phone #

CR2E040 (8/00)