

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 JAN -3 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PA5000014475**

1. Corporation Name  
**Lincoln Condominium Association, Inc.**

Principal Place of Business Mailing Address  
**1614 PENNSYLVANIA AVE  
# 2I  
MIAMI BEACH, FL 33139-7781**

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

2. New Principal Office Address, If Applicable <b>1614 PENNSYLVANIA AVE</b> Suite, Apt. #, etc. <b>2I</b> City & State <b>MIAMI BEACH FL</b> Zip <b>33139-7781</b> Country <b>MIAMI-DADE</b>	3. New Mailing Office Address, If Applicable <b>1614 PENNSYLVANIA AVE</b> Suite, Apt. #, etc. <b>2I</b> City & State <b>MIAMI BEACH, FL</b> Zip <b>33139-7781</b> Country <b>MIAMI-DADE</b>
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4. Date Incorporated or Qualified To Do Business in Florida  
**2/20/95**

5. FEI Number Applied For:  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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
PRES	JOSEPH SCOTT	1614 PENNSYLVANIA AVE # 2A	MIAMI BEACH, FL 33139
SECY	MARKUS ZELLER	1614 PENNSYLVANIA AVE. # 1B	MIAMI BEACH, FL 33139
TREAS	OSNAT K. RIND	1614 PENNSYLVANIA AVE # 2I	MIAMI BEACH FL 33139
			100003095281--5 -01/11/00--01099--015 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name <b>OSNAT K. RIND</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1614 PENNSYLVANIA AVE</b>	
Suite, Apt. #, Etc. <b>2I</b>	
City <b>MIAMI BEACH</b>	State <b>FL</b> Zip Code <b>33139-7781</b>

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 **Osnat Rind** Date **12/28/99**  
REGISTERED AGENT MUST SIGN

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)(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: **Osnat Rind** OSNAT RIND Date **12/28/99** 305 662-5700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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