

APPROVED

AND

NO. 979 P. 2/2

98 DEC 30 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 30 1998 11:32AM BWR
(((H98000023985LE)))



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

APPLICATION
FOR
REINSTATEMENT

DOCUMENT # P97000011951

1. Corporation Name

GRATIGNY APARTMENTS, INC.

Principal Place of Business

Mailing Address

180 N.W. 139TH STREET
MIAMI FL 33169

180 N.W. 139TH STREET
MIAMI FL 33168



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$9.75 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
D	Anthony A. Rolle	180 N.W. 139th Street	Miami, Florida 33168

12/30

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROLLE, ANTHONY A ESQ.
180 N.W. 139TH STREET
MIAMI FL 33168

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Anthony A. Rolle

Date

12/30/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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:

Anthony A. Rolle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Phone #

12/30/98 305 375 6891

Florida Department of State
Division of Corporations
Public Access System
Sandra B. Mortham, Secretary of State

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To: Division of Corporations
Fax Number : (850)922-4004

From: Account Name : BERMAN WOLFE & RENNERT, P.A.
Account Number : 076103002011
Phone : (305)577-~~4161~~ 4177 Ext. 4161
Fax Number : (305)373-6036

CORPORATION REINSTATEMENT

GRATIGNY APARTMENTS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$758.75