

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB 18 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 754543

1. Corporation Name

MERL MANOR CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

3535 Indian Creek Drive

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

Zip

33140

Country

USA

3. Mailing Office Address

3535 Indian Creek Drive

Suite, Apt. #, etc.

Unit No. 1

City & State

Miami Beach, Florida

Zip

33140

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/08/1980

5. FEI Number

592138255

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

85-04

900028638859

02/12/04--01008--028 \*\*1575.00

7. Name and Address of Current Registered Agent

Name

Dennis J. Eisinger, Esquire

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

c/o Phillips, Eisinger & Brown, P.A.

Suite, Apt. #, Etc.

4000 Hollywood Boulevard, Suite 265-South

City

Hollywood

State

FL

Zip Code

33021

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

Date

1/21/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D & P	Leopold Lowy	5214 - 15th Avenue	Brooklyn, New York 11219
D & VP	Mendel Ackerman	1453 - 47th Street	Brooklyn, New York 11219
D & S	Martin Weissman	1416 - 56th Street	Brooklyn, New York 11219

10. 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:

*[Signature]*

Leopold Lowy, President

(718) 851-0778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #