

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 NOV 18 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-11/22/96--01027-012

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DOCUMENT # 715736

1. Corporation Name

SKYLAKE MALL MERCHANTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7331 CORAL WAY SUITE 250  
MIAMI FL 33155

7331 CORAL WAY SUITE 250  
MIAMI FL 33155

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

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/1965

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

50-1318430

Applied For

Not Applicable

City & State

City & State

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
PD	RENDERER, ROY	1710 NE MIAMI Gdns DR.	MIAMI FL.
VD	FAHNESTOCK, BARBARA	1716 NE MIAMI Gdns DR	MIAMI FL.
STD	BROWN, KATHLEEN	1698A NE MIAMI GARDENS DR.	MIAMI FL.
D	LEVINSON, HELAINE	1758 MIAMI GARDENS DR.	MIAMI FL.
D	ARABITG, ADOLPH	18350 NE 18 RD	MIAMI FL.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NASH, MARTIN P 7331 CORAL WAY, SUITE 250 MIAMI FL 33155	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State Zip Code FL 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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

11/15/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/7/96

(305) 944-4169