

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # **716057**

03 JAN 17 PM 12:17

1. Corporation Name

LINCOLN PALACE CONDOMINIUM, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 200010152842
 01/17/03--01035--007 **297.50

Principal Place of Business

Mailing Address

1658 BAY ROAD
 MIAMI BEACH FL 33139

1658 BAY ROAD
 MIAMI BEACH FL 33139

JS



REINSTATEMENT 02-03

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

02/14/1969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1310530

Applied For
 Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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	CARCACHE, RAUL	1658 BAY ROAD # 404	MIAMI BEACH FL 33139
VD	FERNANDEZ, WILFREDO	1658 BAY ROAD # 402	MIAMI BEACH FL 33139
TD	GRANWEHR, BERNARD <i>MARK ROSENKRATZ</i>	1658 BAY ROAD # 805 <i>APT # 604</i>	MIAMI BEACH FL 33139
S	OLIVEIRA, DANIEL <i>PLEASE CHANGE TO: JOSEPHINE VELLA</i>	1658 BAY ROAD # 305 <i>NEW APT # 304</i>	MIAMI BEACH FL 33139
T	CASPER, GEORGE <i>PLEASE CHANGE TO: MARK ROSENKRATZ</i>	1658 BAY RD #801 <i>NEW APT # 604</i>	MIAMI BEACH FL 33139

8. Name and Address of Current Registered Agent

CASPER, GEORGE
 1658 BAY RD
 APT 803
 MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name: **RAUL CARCACHE**
 Street Address (P.O. Box Number is Not Acceptable): **1658 BAY ROAD**
 Suite, Apt. #, Etc.: **404**
 City: **MIAMI BEACH** State: **FL** Zip Code: **33139**

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. or 617.0505, F.S.

Signature of Registered Agent

Signature of Raul Carcache
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date **01/15/03**

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.

SIGNATURE:

Signature of Raul Carcache
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/03 (305)
 538.4465
 Date Daytime Phone #

CR2E040 (8/02)