

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 716473

1. Corporation Name

9500 OCEANS CONDOMINIUM, INC.

Principal Place of Business

9511 COLLINS AVE.
SURFSIDE FL 33154

Mailing Address

9511 COLLINS AVE.
SURFSIDE FL 33154

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05/01/99 11:10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98-99

4. Date Incorporated or Qualified To Do Business in Florida

05/01/1969

5. FEI Number

59-1298394

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED

\$8.75 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
PD	DEUTSCH, HAROLD	9511 COLLINS AVE	SURFSIDE FL
SD	ROSEN, SHIRLEY	9511 COLLINS AVE	SURFSIDE FL
VD	MURRAY RAPOPORT	9511 COLLINS AVE	SURFSIDE FL
TD	BEN STERNBERG	9511 COLLINS AVE	SURFSIDE FL
D	NORMAN KLEIN	9511 COLLINS AVE	SURFSIDE FL

8. Name and Address of Current Registered Agent

DEUTSCH, HAROLD
9511 COLLINS AVE
SURFSIDE FL 33154
7000002768407--8
-02/08/99--01170--001
****297-50 ****297-50
297 00 297 00

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc
City
State FL Zip Code

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

Harold Deutsch
REGISTERED AGENT MUST SIGN

Date Jan 26 1999

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See reverse 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:

Norman H Klein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99 (305) 866-9629
Date Daytime Phone #