

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 SEP - 9 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 117812

1. Corporation Name

141 South SHORE DRIVE Condominium, Inc.

Principal Place of Business

141 South SHORE DRIVE #4

Mailing Address

141 South SHORE DRIVE #4

MIAMI BEACH, FL 33141 US

MIAMI BEACH, FL 33141 US

REINSTATEMENT 97-99

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

2. New Principal Office Address, If Applicable

141 South SHORE DRIVE

Apt. # 2

MIAMI BEACH, FL

Zip 33141

Country USA

3. New Mailing Office Address, If Applicable

7333 CARLYLE AVE.

Suite, Apt. #, etc

Apt. # 2

City & State

MIAMI BEACH, FL

Zip 33141

Country USA

4. Date Incorporated or Qualified To Do Business in Florida

12-30-1969

5. FEI Number

59-1500410

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1. Index	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
P/D	REBECA MUÑOZ	141 South SHORE DR. # 2	MIAMI BEACH, FL. 33141
V/D	Luz M. PLAZA BASTRIZ	141 South SHORE DR. # 3	MIAMI BEACH, FL. 33141
S/D	BEATRIZ GARCÉS	7333 CARLYLE AVE. # 2	MIAMI BEACH, FL. 33141

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-09/15/99--01097--010
****428.75 ****428.75

8. Name and Address of Current Registered Agent

PAUL GONZALEZ S/D
141 South SHORE DRIVE #4
MIAMI BEACH, FL. 33141 US

9. Name and Address of New Registered Agent

Name
BEATRIZ GARCÉS S/D
Street Address (P.O. Box Number is Not Acceptable)
7333 CARLYLE AVE.
Suite, Apt. #, Etc
Apt. # 2
City
MIAMI BEACH
State
FL
Zip Code
33141

10. I am hereby appointing the registered agent above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
Beatriz Garcia
REGISTERED AGENT MUST SIGN

Date 06-10-99

11. This corporation owes 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 this 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: Beatriz Garcia
AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
BEATRIZ GARCÉS

06-10-99 305)861-0779
Date Daytime Phone #

CR2E081 (12/98)