

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
02 NOV 20 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 717812

1. Corporation Name

141 SOUTH SHORE DRIVE CONDOMINIUM, INC.

REINSTATEMENT *R*



08-13-02 90223 033 # 70.00  
600003088266  
11/20/02--01001--016 \*\*166.25

Principal Place of Business

Mailing Address

141 SOUTH SHORE DRIVE, APT. 2  
MIAMI BEACH FL 33141  
US

7333 CARLYLE AVE., APT. 2  
MIAMI BEACH FL 33141

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~~

Suite, Apt. #, etc.

~~APT # 3~~

City & State

~~MIAMI BEACH FL~~

Zip

~~33141~~

Country

~~US~~

3. New Mailing Office Address, If Applicable

~~141 SOUTH SHORE DRIVE~~

Suite, Apt. #, etc.

~~APT # 3~~

City & State

~~MIAMI BEACH FL~~

Zip

~~33141~~

Country

~~US~~

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. 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	MUNOZ, REBECA	<del>141 SOUTH SHORE DRIVE, APT. 2</del>	<del>MIAMI BEACH FL 33141</del>
VD	<del>PLAZA, LUZ M</del>	<del>141 SOUTH SHORE DRIVE, APT. 3</del>	<del>MIAMI BEACH FL 33141</del>
<del>STB</del> VD	GARCES, BEATRIZ	7333 CARLYLE AVE., #2	MIAMI BEACH FL 33141
PD	Gonzalez, Paul	141 SOUTH SHORE DRIVE APT. 1	MIAMI BEACH FL 33141
TD	GERI, HAIN	141 SOUTH SHORE DRIVE APT. 2	MIAMI BEACH FL 33141
SD	HANGSZEY, Sandra	141 South Shore Drive, APT 3	MIAMI BEACH FL 33141

8. Name and Address of Current Registered Agent

GARCES, BEATRIZ  
7333 CARLYLE AVE.,  
MIAMI BEACH FL 33141

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. or 617.0505, F.S.

Signature of Registered Agent

*Beatriz Garces*  
REGISTERED AGENT MUST SIGN

Date

11/9/02

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:

*Beatriz Garces*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/02 (305) 861-0779  
Date Daytime Phone #

CR2E040 (8/02)