PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

98 APR

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

FILED
98 JUL 13 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717849

1. Corporation Name
Crestview Towers Condominium Association, Inc.

Principal Place of Business	Mailing Address
2025 N.E. 164 St. No. Miami Beach, FL 33160	c/o Jam Mgmt. 275 Fontainebleau Blvd. #300 Miami, FL 33172

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

4. Date Incorporated or Qualified To Do Business in Florida: 12-29-69

5. FEI Number: 59-1357386 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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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 Code
S/D	Leah Heit	2025 N.E. 164 st. #314	No Miami Beach, FL 33160
T/D	ISRAEL Michelson	2025 NE 164 st. #608	No Miami Beach FL 33160
D	Albert Kershner	2025 NE 164 st. #516	No Miami Beach FL 33160
V/P	Sherry Kershner	2025 NE 164 st. #516	No Miami Beach FL 33160
P	Shirley Spark	2025 NE 164 st #616	No Miami Beach FL 33160

8. Name and Address of Current Registered Agent

Steve Fein, Esq.
930 So. State Rd. 7
Plantation, FL 33317

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

CR2E040 (1/98)

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 X Steven A. Fein
REGISTERED AGENT MUST SIGN

Date 7/7/98

11. This corporation owes or has paid 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 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: X Israel Michelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #