

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 718461

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1. Corporation Name
PARKVIEW HOUSE INC., A
CONDOMINIUM

Principal Place of Business Mailing Address
1000 MICHIGAN AVENUE 40 ASSOCIATION MGMT.
MIAMI BEACH, FL 33139 GROUP INC
20533 BISCAYNE BLVD.
PMB 469
ADVENTURA, FL 33180

REINSTATEMENT 92-00

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
20533 BISCAYNE BLVD 20533 BISCAYNE BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 469 Suite 469
City & State City & State
ADVENTURA, FL 33180 ADVENTURA, FL 33180
Zip Country Zip Country
33180 USA 33180 USA

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number - Applied For
59-1387203 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/S	SANDRA STEIN	1000 MICHIGAN AVE - #309	MIAMI BEACH, FL 33139
D/P	JORGE LAZO	1000 MICHIGAN AVE - #509	MIAMI BEACH, FL 33139
D/VP	JUNIOR JIMENEZ	1000 MICHIGAN AVE - #308	MIAMI BEACH, FL 33139
D/T	JOSE RODRIGUEZ	1000 MICHIGAN AVE - 506	MIAMI BEACH FLA. 33139
D	BANNER Beatriz Brewer	1000 MICHIGAN AVE - 302	MIAMI BEACH FLA 33139

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8. Name and Address of Current Registered Agent
MARSHALL KREMEN
500 West Cypress Creek Road
Suite 230
Ft. Lauderdale, Fl. 33309

9. Name and Address of Current Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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: Marshall Kremen REGISTERED AGENT MUST SIGN Date: 7/18/00

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 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: Sandra Stein SANDRA STEIN, Secy. 7/18/00 305-633-5011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)