

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 OCT 27 PM 2: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATE



10/17/08 01010 012 70-00  
10072008 REIN-NP CR2E099 (1/07)

<b>DOCUMENT # 719308</b> 1. Entity Name MICHIGAN TOWERS CONDOMINIUM, INC.					
Principal Place of Business 716 MICHIGAN AVE MIAMI BEACH, FL 33139			Mailing Address 716 MICHIGAN AVE APT. 505 MIAMI BEACH, FL 33139		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1554536	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  FRASTAI, MOISES 716 MICHIGAN AVE. APT 505 MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name <u>MOISES FRASTAI (TRESNAEA)</u> Street Address (R.O. Box Number is Not Acceptable) <u>716 MICHIGAN AVE</u> City <u>M. BEACH</u> FL Zip Code <u>33139</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Moises Frastai (TRESNAEA)</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>10-17-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$236.25</b> After January 1, 2009, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT MENDEZ, DAISY 716 S MICHIGAN AVE APT 204 MIAMI, FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/> <b>000137492210</b> 10/30/08--01044--023 **175.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GUTIERREZ, MANOLO 716 MICHIGAN, AVE #303 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESTRUMSA, JENNIFER 716 MICHIGAN AVE #504 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEBERT, MICHAEL MR 716 MICHIGAN AVE 401 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRAISES, MOISES 716 MICHIGAN AVE APT 505 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Moises Frastai MOISES FRASTAI 10/17/08 786-483-3392  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/27/08