

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 DEC -8 AM 10:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **723376**

1. Corporation Name

SUNNY SHORES CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

3716 NE 168TH STREET
 N. MIAMI BEACH FL 33160-3511

3716 NE 168TH STREET
 N. MIAMI BEACH FL 33160-3511

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

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

05/11/1972

5. FEI Number

59-1582558

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
TD	CUPIELV, ISAURA	3716 NW 168TH ST, STE #406	NORTH MIAMI BEACH FL 33160
AX	ROTOLO, ROSEMARY	3716 NW 168 STREET, STE #207	NORTH MIAMI BEACH FL 33160
PD	HEISLER, ALBERT	3716 N.E. 168 STREET, #303	NORTH MIAMI BEACH FL 33160
VPD	PEREZ, BETTY	3716 N.E. 168 STREET, #403	NORTH MIAMI BEACH FL 33160

300025328823
 12/08/03--01076--004 **236.25

8. Name and Address of Current Registered Agent

CABALLERO, JULIO
 3716 NE 168 STREET
 MANAGERS BOX
 NORTH MIAMI BEACH FL 33160

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

Julio Caballero
 REGISTERED AGENT MUST SIGN

Date

11/5/03

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:

Betty Perez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov 5, 2003

Daytime Phone #

CR2E040 (7/03)