

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN -5 PM 1:20

DOCUMENT # 725160  
1. Corporation Name:  
**ALLINGTON TOWERS CONDOMINIUM NORTH INC.**

2. Principal Office Address: **1500 S. OCEAN DR**  
3. Filing Office Address: **1500 S. OCEAN DR**

City & State: **HOLLYWOOD FLORIDA**  
Zip: **33019** County: **BROWARD**

**REINSTATEMENT** 05-06  
PROJECT (005)

4. Date incorporated or qualified to do business in Florida: **01-04-73**  
6. FEI Number: **59-1459928**  
8. CERTIFICATE OF STATUS DERIVED:

7. Name and Address of Current Registered Agent:  
**LISA MASILL, ESQ, BECKER & POLIAKOFF PA**  
Street Address (P.O. Box Number is not acceptable): **311 STIRLING ROAD**  
City: **HOLLYWOOD** State: **FL** Zip: **33312**

8. I declare under penalty of perjury that the above named officers and directors are the officers and directors of the corporation and that they are qualified to act as such officers and directors under the laws of the State of Florida.  
Signature: **[Signature]** Date: **12/27/05**  
REGISTERED AGENT L. ST 3608

9. Names and Street Addresses of Each Officer, Director, or Shareholder (Provide name and address for each officer, director, or shareholder. If there are more than 10 officers, directors, or shareholders, attach a separate sheet.)

Title	Name of Officer, Director, or Shareholder	Street Address of Each Officer, Director, and/or Shareholder	City / State / Zip
P	JOSEPH DIMARCO	1500 S. OCEAN DR #5C	HOLLYWOOD, FL 33019
VP	RUTH CAEN	1500 S. OCEAN DR #3J	HOLLYWOOD, FL 33019
S	RUTH CAEN	1500 S. OCEAN DR #3J	HOLLYWOOD, FL 33019
T	HAROLD HARRISON	1500 S. OCEAN DR #10A	HOLLYWOOD, FL 33019
D	GERALD MILLER	1500 S. OCEAN DR #7C	HOLLYWOOD, FL 33019
D	RON DRUCKMAN	1500 S. OCEAN DR #5A	HOLLYWOOD, FL 33019

10. I certify that I am an officer or director of the corporation and that I am qualified 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 corrected, the corporation meets the requirements of Sections 607.0401 or 617.0401, and that all fees listed by the corporation have been paid and the return of documents filed on this form are requested for an expedited filing under Section 190.07(2)(b), F.S. The information contained on this application is true and accurate, and my signature shall mean the same to the public as if made under oath.

SIGNATURE: **Joseph Dimarco, PRES** Date: **12-01-05** 9549279695  
SIGNATURE AND TITLE ON FRONT SIDE OF DOCUMENT: OFFICER OR DIRECTOR

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# Allington Towers

**CONDOMINIUM NORTH, INC.**

1500 S. OCEAN DRIVE, HOLLYWOOD, FLORIDA 33019

PHONE: 922-9205 • FAX: 927-9695

January 5, 2006

VIA FAX #850-245-6017

Florida Department of State  
Division of Corporations  
Reinstatement Department

Att: Andy Dunlap, Supervisor

Re: 2005 Reinstatement Fee  
2006 Filing Fee

Dear Mr. Dunlap:

This letter is our request for the waiver of the 2005 Reinstatement Fee, as we did not receive a "Notice to File" our 2005 Annual Report.

While I was on a medical leave, check #5143, dated 12/02/05, in the amount of \$175 was forwarded to your department. Please deduct the \$61.25 Filing Fees for 2005 & 2006, for a total of \$122.50, from the \$175 and forward us a refund in the amount of \$52.50.

Your cooperation and kind consideration in this request would be greatly appreciated.

Thanking you in advance, we remain,

Yours truly,



Joseph DiMarco, President  
Ruth Prine, Association Secretary

JD&RP