

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <span style="font-size: 2em; font-family: cursive;">728766</span>			
1. Corporation Name <b>ROBIN LYNN CONDOMINIUM, INC.</b>			
Principal Place of Business <b>1540 San Remo Avenue Coral Gables, FL 33146</b>		Mailing Address <b>1540 San Remo Ave #7 Coral Gables, FL 33146</b>	
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip      Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip      Country	
		4. Date Incorporated or Qualified To Do Business in Florida <b>01/31/1974</b>	
		5. FEI Number <b>59-1754377</b>	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
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
PTD	WILDS, HOWARD F.	1540 San Remo Ave #7	Coral Gables, FL 33146
SD	PASS, MARGARET	1540 San Remo Ave #3	Coral Gables, FL 33146
D	DUSING, JOANN	1540 San Remo Ave #5	Coral Gables, FL 33146
DVP	PARKER, ROBERT L.	1540 San Remo Ave #6	Coral Gables, FL 33146
D	HAYNES, DUNCAN	4051 Barbarossa Avenue	Coconut Grove, FL 33133
D	SEIDEL, JORG	1540 San Remo Avenue	Coral Gables, FL 33146
D	THEAKSTON, MARY	1540 San Remo Avenue	Coral Gables, FL 33146
8. Name and Address of Current Registered Agent <b>WILDS, HOWARD F 1540 San Remo Avenue #7 Coral Gables, FL 33146</b>		9. Name and Address of New Registered Agent Name _____ Address _____ Suite, Apt. # Etc. _____ City _____ State <b>FL</b> 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. Signature of Registered Agent <i>Howard Wilds</i> <b>REGISTERED AGENT MUST SIGN</b> Date <b>9-1-98</b>			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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. <i>Howard Wilds, President</i> <b>SIGNATURE:</b> <b>Howard Wilds</b> Date <b>9-1-98</b> Daytime Phone # <b>305 666-3883</b>			

**FILED**  
**93 SEP -4 AM 8:01**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

CR2E040 (1/98)