

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR *FOR* REINSTATEMENT



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

FILED

99 DEC 13 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730380

1. Corporation Name

THE MANSION TOWN HOUSE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

N.A.
15147 NW 6TH AVE
UNIT 7
MIAMI FL 33162
US

15183 NE 6TH AVE
MIAMI FL 33162
US

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 *09*

4. Date incorporated or Qualified To Do Business in Florida

08/08/1974

5. FEI Number

59-1581035

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	WILLIAMS, RONY	15117 NE 6TH AVE	MIAMI FL 33162
TDVP	<i>Unit 13</i> ELTZE, PAUL <i>Shirley Hendrickson</i>	<i>15159</i> 15119 NE 6TH AVE	MIAMI FL 33162
D	BIGGS, MARABELL	15155 NE 6TH AVE	MIAMI FL 33162
D	HADLEY, SULA	15133 NE 6TH AVE	MIAMI FL 33162
			900003078169--5 -12/22/99--01070--005 ****175.00 ****175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRED, STANLEY M.
~~45122 N.E. 6TH AVENUE~~
~~MIAMI FL 33162~~

105
13899 Biscayne Boulevard.
North Miami Beach, Florida 33181

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

900003078169--5

-12/22/99--01070--006

****61 FL ****61.25

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

Stanley M. Pred
REGISTERED AGENT MUST SIGN

Date 11-30-99

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:

Rony William
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 14, 99 (805) 944-1437
Date Daytime Phone #

KE