

APPLICATION FOR REINSTATEMENT



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

FILED

00 DEC 12 PM 1:15

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



REINSTATEMENT

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DOCUMENT # 730380

1. Corporation Name

THE MANSION TOWN HOUSE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

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

4. Date Incorporated or Qualified To Do Business in Florida

08/06/1974

SP

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WILLIAMS, RONY	15117 NE 6TH AVE	MIAMI FL 33162
TDVP	HENDRICKSON, SHIRLEY	15159 NE 6TH AVE UNIT 13	MIAMI FL 33162
D	BIGGS, MARABELL	15155 NE 6TH AVE	MIAMI FL 33162
D	HADLEY, SULA	15133 NE 6TH AVE	MIAMI FL 33162

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8. Name and Address of Current Registered Agent

PRED, STANLEY M.  
 13899 BISCAYNE BOULEVARD #105  
 NORTH MIAMI BEACH FL 33181

9. Name and Address of New Registered Agent

Name: Stanley M. Pred  
 Street Address (P.O. Box Number is Not Acceptable): 13899 BISCAYNE BLVD  
 Suite, Apt. # Etc.: # 105  
 City: NO MIAMI BEACH State: FL Zip Code: 33181

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: NOV. 8 2000

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 Williams*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/00 305 893-4500  
 Date Daytime Phone #