

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

87 DEC 11 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740903

1. Corporation Name
701 EUCLID GARDENS CONDOMINIUM ASSOC.

Principal Place of Business Mailing Address
701 EUCLID AVE
MIAMI BEACH, FL 33139

900002373909
-12/16/97--01104--003
****236.25 ****236.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc. SAME
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 1978

5. FEI Number XZ 59-2046674 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)

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
PRES.	MARTIN LEFKOVITS	701 EUCLID # 401 MIAMI BEACH, FL 33139	Miami Beach, FL 33139
SECR.	JOSEPH S. MARKOVITS	701 EUCLID AVE # 303	MIAMI BEACH, FL 33139
MANAG.	MARTON STERN	701 EUCLID AVE # 302	MIAMI BEACH, FL 33139

REINSTATEMENT (99)

A. Alan
12/11/97

8. Name and Address of Current Registered Agent

MARTIN LEFKOVITS

9. Name and Address of New Registered Agent

Name MARTIN LEFKOVITS
Street Address (P.O. Box Number is Not Acceptable) 701 EUCLID AVE.
Suite, Apt. #, Etc. 401
City MIAMI BEACH, FL
State FL Zip Code 33139

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

[Signature]

31 SIGN

Date Nov 16 - 97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(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.

SIGNATURE: MARTON STERN *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Nov 16 - 97

Daytime Phone #

CR2540 (12/96)