

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**FILED**  
 97 OCT 27 PM 1:25  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # 751021**

1. Corporation Name  
**VECINO DEL MAR OWNERS' ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
 2350 N.E. 135 STREET      2350 N.E. 135 STREET  
 NORTH MIAMI FL 33181      NORTH MIAMI FL 33181



97900

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      02/13/1980

5. FEI Number      NOT APPLICABLE      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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<del>PTD</del>	<del>GREENBERG, HAROLD</del>	<del>12550 BISCAYNE BLVD</del>	<del>MIAMI FL</del>
<del>SVD</del>	<del>JOSEPH, ALVIN</del>	<del>12550 BISCAYNE BLVD.</del>	<del>MIAMI FL</del>
<del>D</del>	<del>RYAN, MARILYN</del>	<del>12550 BISCAYNE BLVD.</del>	<del>MIAMI FL</del>
P D	FREDERICK B. SPIEGEL	2350 N.E. 135 STREET	N. MIAMI FL 33181
D	JOHN GORDON	2350 N.E. 135 STREET	N. MIAMI FL 33181
D	IVORA ROSE	2350 N.E. 135 STREET	N. MIAMI, FL 33181

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS ST.  
 TALLAHASSEE FL 32301

FREDERICK B. SPIEGEL  
 21 PALM AVE  
 MIAMI BEACH, FL 33139

9. Name and Address of New Registered Agent

Name: FREDERICK B. SPIEGEL  
 Street Address (P.O. Box Number is Not Acceptable): 21 PALM AVE  
 Suite, Apt. #, Etc.:  
 City: MIAMI BEACH, 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]*      Date: 10/24/97  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.      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: *[Signature]*      10/24/97      305/945-8836  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E04G (8/97)