

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # **951103**

1. Corporation Name

Boston Plaza Condominium Association, Inc.

Principal Place of Business

Mailing Address

**6801 Indian Creek Drive
Miami, Beach, Florida 33141**

400002353214--2
-11/20/97--01085--012
****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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida **1980**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2115109

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P/D	Jack Bakal	6801 Indian Creek Dr. #709	Miami Beach, FL 33141
T/D	Ronnie Wilson	6801 Indian Creek Dr. #504	Miami Beach, FL 33141
S/D	Phyllis Kissel	6801 Indian Creek Dr. #501	Miami Beach, FL 33141
D	Nestor Robles	6801 Indian Creek Dr. #308	Miami Beach, FL 33141
D	Augusto Roque	6801 Indian Creek Dr. #208	Miami Beach, FL 33141
D	Jimmy Pierno	6801 Indian Creek Dr. #701	Miami Beach, FL 33141
D	Silvia Winkler	6801 Indian Creek Dr. #809	Miami, Beach, FL 33141
D	Lenny Bobik	6801 Indian Creek Dr. #302	Miami Beach, FL 33141

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REINSTATEMENT **97**

Name

Marlene Leon-Rubido, Esquire

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

9990 S.W. 77 Avenue, PH4A

Suite, Apt. #, Etc.

Miami

State
FL

Zip Code
33156

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

Handwritten signature of Marlene Leon-Rubido

REGISTERED AGENT MUST SIGN

Marlene Leon-Rubido, Esq

Date **10/29/97**

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:

Handwritten signature of Jack Bakal

Jack Bakal, President

10/29/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0401299