

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

99 APR 19 AM 10:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **751933**
 1. Corporation Name **Dadeland Park Condominium, Inc.**

Principal Place of Business Mailing Address
7505 SW 82nd St.
Miami FL 33143

REINSTATEMENT 9809

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

2. New Principal Office Address, If Applicable 7505 SW 82 St. Suite, Apt. #, etc	3. New Mailing Office Address, If Applicable 7505 SW 82 St. Suite, Apt. #, etc
City & State Miami, FL 33143	City & State Miami, FL 33143
Zip Dade	Zip Dade

4. Date Incorporated or Qualified To Do Business in Florida
04-07-1980

5. FEI Number
59-2000710

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee** 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	Garrett Brown	7505 SW 82nd St	Miami FL 33143
VP/D / S/D	Kevin O'Keefe	7505 SW 82nd St.	Miami FL 33143
T/D	Vivienne Rosch	7505 SW 82nd St.	Miami FL 33143

100002862621-5
 -05/04/99--01088--022
 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

Alan H. Lubitz, Esq.
1500 San Remo Avenue
Suite 220
Miami, FL 33146

9. Name and Address of New Registered Agent

Name
SKRLD, INC.
 Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle #1102
 Suite, Apt. #, Etc.
 City
Coral Gables
 State
FL Zip Code
33134

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 **SKRLD, INC. BY: LISA A. LERNER, Secretary, sec.** (Date **3-26-1999**)
 REGISTERED AGENT MUST SIGN

11. This corporation owes 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 for 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 taxes 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)(b), F.S. The information on this application is true and accurate, and my signature shall have the same legal effect as if the founder or officer.

SIGNATURE: **Vivienne Rosch**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vivienne Rosch Secretary
3/30/99 607-96284