

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **752624**

1. Corporation Name  
**HIGHLANDS CONDOMINIUM ASSOCIATION, INC.**

03 OCT 14 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 2003**



400023791274  
10/14/03--01056--031 \*\*236.25

Principal Place of Business Mailing Address  
450 NE 166 STREET UNIT C 450 NE 166 STREET UNIT C  
N. MIAMI BCH FL 33162 N. MIAMI BCH FL 33162

*[Handwritten Signature]*

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  |  |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.                          |  | 05/27/1980   |  |
| City & State                                   |  | City & State                                 |  | 5. FEI Number  |  |
| Zip  |  | Country                                      |  | 59-2026017   |  |
|  |  |  |  | Applied For  |  |
|  |  |  |  | Not Applicable   |  |
|  |  |  |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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         | RODIN, PAUL                         | 450 NE 166 ST UNIT A                             | NORTH MIAMI BEACH FL 33162 |
| TD         | MARISTANY, ANGELICA                 | 450 NE 166 ST. UNIT C                            | NORTH MIAMI BEACH FL 33162 |
| SD         | WILNIE, LERARD                      | 450 NE 166 ST UNIT B                             | NORTH MIAMI BEACH FL 33162 |
|            |                                     |  |                            |
|            |                                     |  |                            |
|            |                                     |  |                            |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEGRA, ELIAS  
525 EAST 9TH STREET  
HIALEAH FL 33010

Name  
**ANGELICA MARISTANY**  
Street Address (P.O. Box Number is Not Acceptable)  
**450 NE 166 ST UNIT C**  
Suite, Apt. #, Etc.  
**NORTH MIAMI, FL. 33162**  
City  
State Zip Code  
**FL 33162**

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. or 617.0505, F.S.

Signature of Registered Agent *Angelica Maristany*  
REGISTERED AGENT MUST SIGN

Date 10-10-03

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: *Angelica Maristany* **ANGELICA MARISTANY** **TREASURER** 10-10-03 305 944 3693  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)