

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **97** REINSTATEMENT



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

APPROVED AND FILED

97 NOV 17 AM 9:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **769107**

1. Corporation Name
MAHOGANY KEY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**10521 MAHOGANY KEY CIRCLE #201
 MIAMI, FL. 33196**

200002353212--8
~~11/20/97-01085-011~~
******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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1983	
City & State		City & State		5. FEI Number	
Zip		Country		59-2446363	
				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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	CARL CHILDRESS	10421 MAHOGANY KEY CIR #103	MIAMI, FL. 33196
VP/D	DESIREE R. BISHOP	10521 MAHOGANY KEY CIR #201	MIAMI, FL. 33196
SEC/D	INGRID S. JOHNSON	10521 MAHOGANY KEY CIR #206	MIAMI, FL. 33196
D	GUSTAVO J. GONZALEZ	10421 MAHOGANY KEY CIR #104	MIAMI, FL. 33196

REINSTATEMENT **97**

A. Alamy
 11/17/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **THOMAS H. MAZZEO**
B.V. MAZZEO & CO. CPAS, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
8900 SW 117TH AVE.
 Suite, Apt. #, Etc.
STE. B-104
 City
MIAMI State **FL** Zip Code **33186**

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 **10/29/97**
 REGISTERED AGENT MUST SIGN

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: *[Signature]* **INGRID S. JOHNSON** Date **10/29/97** (305) **385-8421**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E04G (7-2-96)