

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 95-97
REINSTATEMENT



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

APPROVED
AND
FILED

97 AUG 18 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 170884

1. Corporation Name

TOWERS NORTH CODOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

8095 N.W. 8th STREET
MIAMI, FLORIDA 33126

2550 N.W. 72nd AVE
SUITE 107
MIAMI, FLORIDA 33122

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.

5. FEI Number

Applied For

City & State

City & State

59-2701754

Not Applicable

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
PRES	DARMA LOPEZ	8095 N.W. 8th ST. # 108	MIAMI, FLORIDA 33126
VPRES	GLADYS MARTIN-VARGAS	8095 N.W. 8th ST. # 106	MIAMI, FLORIDA 33126
TREA	MARIA E. MARTINEZ	8095 N.W. 8th ST. # 314	MIAMI, FLORIDA 33126
SECR	NORA LESNIAK	8095 N.W. 8th ST. # 406	MIAMI, FLORIDA 33126
VOCAL	MIGUEL ROQUE	8095 N.W. 8th ST. #404	MIAMI, FLORIDA 33126

REINSTATEMENT 95-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

FINANCIAL INTERLINK, CORPORATION

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

2550 N.W. 72nd AVENUE

Suite, Apt. #, Etc.

SUITE 107

City

MIAMI,

State

FL

Zip Code

33122

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

Belice Suarez

REGISTERED AGENT MUST SIGN

Date

August 14, 1997

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:

Glady Martin-Vargas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

000002272220-1
-08/20/97-D1052-002
****358.75 ****358.75

August 14, 1997
Date Daytime Phone #

CR2E040 09/96