

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 DEC 27 AM 9:30

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **770884**

1. Corporation Name

**TOWERS NORTH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

8095 N.W. 8TH STREET  
 MIAMI FL 33126  
 US

2550 N.W. 72ND AVE.  
 SUITE 107  
 MIAMI FL 33122

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

04/02/99 90042 045 \$61.25



2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable  
~~10 PENINSULA REAL ESTATE, INC~~

4. Date Incorporated or Qualified To Do Business in Florida

10/21/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2026 S.W. 1ST #6

5. FEI Number

59-2701754

Applied For

City & State

City & State

MIAMI FLORIDA

Not Applicable

Zip Country

Zip Country

33135

US

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	4 City / State / Zip
DP	MARTINEZ, MARIA-E JUAN PICADO	8095 NW 8TH STREET #211 108	MIAMI FL 33126
D/VP	LESNIAK, NORA PEDRO JESUS CANDEAL	8095 NW 8TH STREET #406 106	MIAMI FL 33126
D/VP	ROQUE, MIGUEL JANEIRO DOMINGUES	8095 N.W. 8TH STREET #404 409	MIAMI FL 33126
D/T	ADABELU ABREU	8095 N.W. 8 St. 402	MIAMI FL 33126
D/S	ALICIA SAAVEDRA	8095 N.W. 8 St. 315	MIAMI FL 33126

8. Name and Address of Current Registered Agent

~~FINANCIAL INTERLINK CORPORATION~~  
~~2550 N.W. 72ND AVENUE~~  
~~SUITE 107~~  
~~MIAMI FL 33122~~

9. Name and Address of New Registered Agent

Name **CARLOS de la RIONDA, PRESIDENT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**PENINSULA REAL ESTATE INC**  
 Suite, Apt. #, Etc.  
**2026 S.W. 1ST #6**  
 City **MIAMI** State **FL** Zip Code **33135**

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

**SIGNATURES de la Rionda, President**  
 REGISTERED AGENT MUST SIGN

Date **10/18/99**

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:

**SIGNATURES de la RIONDA, PRESIDENT**  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/18/99**

CR2E040 (8/99)