

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

**FILED**

99 AUG 23 AM 9:33

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # N01935**  
 MIAMI LAKES CORPORATE PLAZA CONDOMINIUM  
 ASSOCIATION, INC.  
 3493 N.W. 16TH STREET  
 MIAMI, FL 33125

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the Corporation can be changed only by filing an amendment.  
 MIAMI, FLORIDA

Address  
 3493 NW 167 STREET  
 Address  
 City and State  
 MIAMI, FL 33056  
 Zip Code  
 33056

3. Date Incorporated or Qualified To Do Business in Florida  
 03/14/1984

4. FEI Number  
 59-2507345

FEI Number Applied For  
 FEI Number Not Applicable

5. \$8.75 Additional Fee required for a Certificate of Status  
 CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
PD	H. JOHN STROEHMANN	3493 NW 167 STREET	MIAMI, FLORIDA 33056
D	GREG BERGERON	3493 NW 167 STREET	MIAMI, FLORIDA 33056
VPD	GEORGE VINCE	3493 NW 167 STREET	MIAMI, FLORIDA 33056
D	MARINA BASS	6175 NW 153 STREET, #208	MIAMI, FLORIDA 33014

**REINSTATEMENT** 98-99 SP

REGISTERED AGENT INFORMATION

8. Name and Address of New Registered Agent and/or Office

Name  
 Street Address (Do NOT Use P.O. Box Number)  
 Street Address (Do NOT Use P.O. Box Number)  
 City and State  
 700002974697--4  
 -08/31/99--01051--014  
 \*\*\*\*\*297.50 \*\*\*\*\*297.50

7. Name and Address of Current Registered Agent

MICHEL O. WEISZ, P.A.  
 SEGREDO & WEISZ  
 901 PONCE DE LEON BLVD., SUITE 601  
 CORAL GABLES FL 33134

9. 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: *Michel Weisz*  
 REGISTERED AGENT MUST SIGN

Date July 30, 1999

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: *Greg Bergeron*  
 Date 8/12/99 Daytime Phone (305) 624-2999  
 Typed or printed name of signing officer or director: GREG BERGERON, DIRECTOR

CRREG-0 (8-92)

***Miami Lakes Corporate Plaza Condominium Association, Inc.***

---

August 19, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Miami Lakes Corporate Plaza Condominium Association, Inc.

Subject: Application For Reinstatement

To Whom It May Concern:

Please find enclosed executed application for reinstatement along with a check in the amount of \$297.50 for the above referenced.

You may call (305) 624-2999 should there be any questions.

Sincerely,

Miami Lakes Corporate Plaza Condominium Association, Inc.

  
Greg Bergeron  
Director

glb  
encl.