

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPROVED  
AND  
FILED

98 NOV 25 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 98

**APPLICATION  
FOR  
REINSTATEMENT**



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

DOCUMENT # **ND332**

1. Corporation Name  
**Deauville Hotel Owners Association, Inc.**

Principal Place of Business <b>6701 Collins Avenue Miami Beach, FL 33141</b>	Mailing Address <b>6701 Collins Avenue Miami Beach, FL 33141</b>
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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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <b>05/09/1984</b>	
5. FEI Number <b>59-2646154</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres/Dir	<b>Mark E. French</b>	<b>6701 Collins Avenue</b>	<b>Miami Beach, FL 33141</b>
VP/Dir	<b>Steven A. Margol</b>	<b>6701 Collins Avenue</b>	<b>Miami Beach, FL 33141</b>
Sec/Treas/Dir	<b>Larry M. Mills</b>	<b>6701 Collins Avenue</b>	<b>Miami Beach, FL 33141</b>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>CT Corporation System 1200 South Pine Island Road Plantation, FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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 **See Attached.** Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

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: **Mark E. French** (901) 761-4664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)

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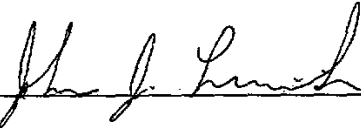
**ACCEPTANCE OF APPOINTMENT**

**RE: Deauville Hotel Owners Association, Inc.**

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: November 20, 1998

C T CORPORATION SYSTEM

By 

John J. Linnihan  
Assist. Vice President