

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

22 FEB 25 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42705

1. Corporation Name CORNERSTONE DOCTORS CONDOMINIUM ASSOCIATION

Principal Place of Business Mailing Address Same
3820 TAMPA ROAD
PALM HARBOR FL 34684

REINSTATEMENT 98-99
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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		New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		<u>34684</u>	<u>PINELLAS</u>

4. Date Incorporated or Qualified To Do Business in Florida	<u>3-27-91</u>
5. FEI Number	<u>59-3074893</u>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	<input checked="" 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)

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
President	<u>DAVID ROSENBERG</u>	<u>3820 TAMPA ROAD</u> <u>34072 PALM HARBOR FL 34684</u>	
V. Pres.	<u>Kenny Robson</u>	<u>3820 TAMPA ROAD</u>	<u>PALM HARBOR FL 34684</u>
Secy.	<u>Kevin Kiley</u>	<u>3820 TAMPA ROAD</u>	<u>PALM HARBOR FL 34684</u>
Treas.	<u>Arnon Schlau</u>	<u>3820 TAMPA ROAD</u>	<u>PALM HARBOR FL 34684</u>

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****297.50 ****297.50

8. Name and Address of Current Registered Agent

WILLIAM GOLDMAN
% GOLDSTAR MANAGEMENT
34072 U.S. 19 N.
PALM HARBOR FL 34684

9. Name and Address of New Registered Agent

Name WILLIAM GOLDMAN
Street Address (P.O. Box Number is Not Acceptable)
% GOLDSTAR MANAGEMENT
Suite, Apt. #, Etc.
34072 U.S. 19 N.
PALM HARBOR FL State FL Zip Code 34684

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 William Goldman
REGISTERED AGENT MUST SIGN

Date 2/10/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: X David Rosenber David Rosenber - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID ROSENBERG

Date 2/10/99 Daytime Phone # 727-789-2826

CPRE01 (12/98)