


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 JAN 23 AM 8:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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DOCUMENT # N94000004762

1. Corporation Name
THE SAILS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 735 Collins Avenue Miami Beach, FL 33139	Mailing Address 735 Collins Avenue Miami Beach, FL 33139
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

96 + 97

mwb
1-24-97

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable 1130 Washington Ave. Suite, Apt. #, etc. 4th Floor City & State Miami Beach, FL Zip 33139	3. New Mailing Address, If Applicable 1130 Washington Ave. Suite, Apt. #, etc. City & State Miami Beach, FL Zip 33139	4. Date Incorporated or Qualified To Do Business in Florida 9/23/94
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5. FEI Number 65-0566599	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input 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)			
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
D,P,T	Robert F. Saland	735 Collins Avenue 1130 Washington Ave.	Miami Beach, FL 33139 Miami Beach, FL 33139
D,V	Debra Saland	735 Collins Avenue 1130 Washington Ave.	Miami Beach, FL 33139 Miami Beach, FL 33139
D,S	Nancy Mesa	735 Collins Avenue	Miami Beach, FL 33139
D,S	Francisco Rojo	1130 Washington Ave.	Miami Beach, FL 33139

8. Name and Address of Current Registered Agent

Robert F. Saland
~~735 Collins Avenue~~
~~Miami Beach, FL 33139~~

9. Name and Address of New Registered Agent

Name
Robert F. Saland

Street Address (P.O. Box Number is Not Acceptable)
1130 Washington Ave., 4th Floor

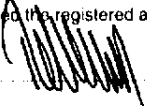
Suite, Apt. #, Etc.

City
Miami Beach,

State
FL

Zip Code
33139

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  **Robert F. Saland** Date _____

REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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:  **Robert F. Saland, President** (305) 538-9552

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

CR2E006 (12/95)