

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 94000005222**

1. Corporation Name
MAHOGANY ISLE HOMES CONDOMINIUM ASSOCIATION INC.

2. Principal Office Address
10450 SW Mahogany Circle

3. Mailing Office Address
% The Continental Group, Ltd.

Suite, Apt. #, etc.
12079 SW 131st Avenue

City & State
Miami Florida

City & State
Miami Florida

Zip Country
33196 WA

Zip Country
33186 WA

REINSTATEMENT *2000*

4. Date Incorporated or Qualified To Do Business in Florida **10/21/94**

5. FEI Number **650623783**

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

7. Name and Address of Current Registered Agent

Name **Larry D. Parks, Esq.** **700003500887-2**

Street Address (P.O. Box Number is Not Acceptable) **7460 SW 13th Street** **12/14/00-01016-013**

Suite, Apt. #, Etc. **Miami** ******236.25 ****236.25**

City **Miami** State **FL** Zip Code **33156**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date **October 3, 2000**
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Olga Scalley	14918 SW 104th St. # 38	Miami FL 33196
VPD	Martha Monson	14906 SW 104th St. # 51	Miami FL 33196
SD	Louise Abarca	14888 SW 104th St. # 18	Miami FL 33196

10. 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: *Olga V. Scalley* **10/20/2000** **305-251-5790**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)