

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

DOCUMENT # N95000002137

97 JAN -6 AM 10: 05

1. Corporation Name

THE NANTUCKET COVE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2700 GRANADA BLVD.  
CORAL GABLES FL 33134

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CORAL GABLES FL 33134~~



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/01/1995	
City & State		City & State		5. FEI Number	
Zip		Zip		Applied For	
Country		Country		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
PD	MILIAN, JORGE L	2700 GRANADA BLVD.	CORAL GABLES FL 33134
VD	MILIAN, GEORGE	2700 GRANADA BLVD.	CORAL GABLES FL 33134
STD	MILIAN, MARILYN	2700 GRANADA BLVD.	CORAL GABLES FL 33134
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**REINSTATEMENT**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MILIAN, JORGE L 2700 GRANADA BLVD. CORAL GABLES FL 33134		Name: Mary Herber milian Street Address (P.O. Box Number is Not Acceptable): 525 BARGELLO Suite, Apt. #, Etc.: Coral Gables City: State: Zip Code: FL 33146	

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: Mary Herber Milian Date: 12/26/96  
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 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: [Signature] 12/26/96 (305)443 5603

CR2ED40 (7/96)