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 DEC 17 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002765 (4)

1. Corporation Name

WEST 74th Street II Condominium Association, Inc.

Principal Place of Business
~~7600 West 20th Ave.~~
~~Suite # 213~~
~~Hialeah, FL. 33016~~

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 6.91

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2359 W. 74 St.	2359 W. 74 St.
Suite, Apt. #, etc. 104	Suite, Apt. #, etc. 104
City & State Hialeah, FL.	City & State Hialeah, FL.
Zip 33016 Country USA	Zip 33016 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6/9/95

5. FEI Number — Applied For ☐ Not Applicable ☑

6. CERTIFICATE OF STATUS DESIRED ☐ $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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	MAYRA GUANIES	2351 W. 74 ST. #103	HIALEAH, FL. 33016
VD	ESTELLA PACHECHO	2355 W. 74 ST. #101	HIALEAH, FL. 33016
TD	MARK S. Teitelbaum	2355 W. 74 ST. #102	HIALEAH, FL. 33016
SD	LAURA PEREZ	2359 W. 74 ST. #104	HIALEAH, FL. 33016

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8. Name and Address of Current Registered Agent

Delgado, Antonio
7600 W. 20 Ave.
#213
Hialeah, FL. 33016

9. Name and Address of New Registered Agent

Name: MARK S. Teitelbaum
Street Address (P.O. Box Number is Not Acceptable): 2355 W. 74 ST.
Suite, Apt. #, Etc.: 102
City: HIALEAH. State: FL Zip Code: 33016

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: [signature] REGISTERED AGENT MUST SIGN Date 12/9/97

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] MARK S. Teitelbaum 12/9/97 (305) 558-9285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/96)