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}	PLICATION FOR	HUCTIONS BEFORE C A DEPARTMENT OF STATE Katherine Harris Secretary of State		COMPLETING THIS FORM.				
REINSTATEMENT DIVISION OF CORPORATIONS					History Lassin Last			
DOCUMENT # \\ \(\gamma \) 4500000 \(\dagger \) 1. Corporation Name					99 JUL 26 AM 11: 15			
WEST 74TH STREET II CONDOMINIUM ASSOCIATION, INC.					SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Principal Place of Business Mailing Address					!		· v _a	
P.O.BOX 110548 HIALEAH, FL. 33011-0548								
If above addresses are incorrect in any way, line through incorrect information and e. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address					4 Date Incorp	orated or Qualified		
	/A	<u> </u>	N/A Suite Apt. #, etc.			To Do Business in Florida June, 9, 1995.		
			City & State			-0911942	Applied For	
City & State							Not Applicable Additional Fee required	
Zip	Country	Zφ	Country		CERTIFICATE		a Certificate of Status	
7. Names a	nd Street Addresses of Each Officer and/	or Director (Flori		tions must list at lea				
Title(s)	and/or Directors	Offi	Officer and/or Director		City / State / Zip			
D/P	RICARDO BUSTAMANTE	2351 W 74tl	h ST # 104		HIALEAH, FL. 33016			
D/VP	ERIC PEREZ	2359 W 74th ST # 101			HIALEAH, FL. 33016			
D/T	LAURA PEREZ	2359 W 74th ST # 104			HIALEAH, FL. 33016			
D/S	ELIZABETH CASTILLO 2355 W 7			4th ST # 105 HIALEAH, FL. 33016				
			O'MIL	MEIAL	11	TS		
						****236,25)1007003 _****236.25_	
B. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
MARK TEITELBAUM				LAURA PEREZ Street Address (P.O. Box Number is Not Acceptable) 2359 W 74th ST				
P.O.F	30X 112035	Suite, Apl. #, Etc. # 104						
HIALEAH, FL. 33011				City State Zip Code 33016				
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section								
Signature of Registered Agent Agent Agent Must Sign						7-20-99		
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes \(\sum \text{No } \text{X}\)								
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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylinic Proce #								