APPLICATION FOR REINSTATEMENT	ALL INSTRUCTIONS BEFORE OF FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 SEP - 7 AM 8: 16		
DOCUMENT # N960000149			Skaretaby of State Wallandsee. Fluthea		
SNOWMASS PLACE CONDOMINIUM	ASSOCIATION, I	NC.			
Prototpat Place of Business 1800 N.E. 114th Street Suit Miami, Florida 33181	Mailing Address e 1606				
Heat and white a second control of the control of t	ough incorrect information a	and nater corruption below	REINSTAT	EMENT 98-99 Q	
If above addresses are incorrect in any way, line through incorrect information and enter 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If			Date Incorporated or Qua To Do Business in Florida	alinea j	
Sure Apt # etc	Suite, Apt. #, etc.		5. FEI Number	Applied For	
Coty & State	Crty & State		N/A	Not Applicable \$8.75 Additional Fee required	
Country	Zip	Country	CERTIFICATE OF STATUS D	DESIRED of Status	
7 Numer, and Street Addresses of Each Officer and/ Name of Officers	or Director (Florida nonprof	Street Address of Each			
Trile(s) and/or Directors	Officer and/or Directe 3 (Do NOT Use Post Office Box			City / State / Zip	
Mrs. Mira Gaines 1800 N.E. 114th S RESIDENT Suite 1606			Miami,	Florida 33181	
HODEL MR. LEON OFFER 400 DIPLOM		DIPLOMAT PARK		3	
SKYTKLA MR. MURRAY GAINES		1800 NE 114th street MIAMI, FLA 33181		11 FLA 33181	
			-09/)29882343 /15/9901097001 **297-50 *****297-50	
8 Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent		
1					
1800 N.E. 114th Street Suite 1606 Miami, Florida 33181		Suite, Apt. #, Etc.	Street Address (P.O. Box Number is Not Acceptable) Suite. Apt. #, Etc.		
		City	FL FL		
10. I being appointed the registered agent of the abo Segnature of Régistand A part. March 2018 Registand A part. Registand A part.	eve named corporation, am I. GISTERED AGENT MUST		oligations of Section 607.0505,	8/18/99	
11. This corporation owes the Intangible Personal Proper		30. Yes	□ No 🄀	(See other side for information on intangible tax.)	
12 Togrify that Lam an officer or director or the receives reinstatement application, the reason for dissolved by the corporation have been paid and the roll this application is true and accurate, and my significant	olution has been eliminated, names of individuals listed o	the corporate name satisfies t n this form do not qualify for a	the requirements of section 607 an exemption under section 119	7.0401 or 617.0401, F.S., that all fees	
SIGNATURE: MILE SIGNATURE AND TYPED OR THE	NTED NAME OF SIGNING OFF	ICEA OR DIRECTOR	/18/99 Date ((3ar) 895-1257 Daytime Phone 7	

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