

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 OCT 25 PM 3:06

DOCUMENT # **N96000002029**

1. Corporation Name

**EUCLID EAST CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

1545 EUCLID AVENUE  
 MIAMI BEACH FL 33139  
 US

306 ALCAZAR AVENUE, SUITE 303  
 CORAL GABLES FL 33134  
 US



REINSTATEMENT 01

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

04/15/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1212469

Applied For

Not Applicable

City & State

City & State

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
D	RUBIN, RHODA	1545 EUCLID AVE. #4E,	MIAMI BEACH FL 33139
P	PENENGO, MARCELO	1545 EUCLID AVENUE #3-K	MIAMI BEACH FL 33139
DS	HANSHAW, DAVID	1545 EUCLID AVENUE #6-F	MIAMI BEACH FL 33139
T	BORTNICK, MICHAEL	1545 EUCLID AVENUE #6-K	MIAMI BEACH FL 33139
D	GONZALEZ, CLAUDIO	1545 EUCLID AVENUE #2-F	MIAMI BEACH FL 33139
D	HILFER, JOEN	1545 EUCLID AVE. #6-A	MIAMI BEACH FL 33139

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BORTNICK, MICHAEL  
 1545 EUCLID AVE APT 6K  
 MIAMI BEACH FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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]*  
 SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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]*  
 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR26040 (8/01)