PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

N97000004858 **DOCUMENT #**

1. Corporation Name

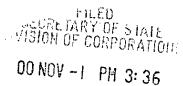
THE RONEY PALACE MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2301 COLLINS AVE

2201 COLLING AVE



MIAMI BEACH FL 33139			MIAMI BEAC	MIAMI BEACH FL 33139				I 1881/101 OLD 181/1 18611 BENIX BENIX BENIX ORAN GONN DUTTER NOTE OF ORAN CAN HELD				
If above a	ddresses are	incorrect in any way, line	through incorrect in	formation a	nd enter co	orrection below.	REINS	TATEME	NT	00		
New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable							4. Date Incorporated or Qualified To Do Business in Florida 08/27/1997					
Suite, Apt. #, etc. Suite, Apt. #,					etc.				00/2	Applied For		
City & State City & State							65-0781328 Not Applicable					
Zip	Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status							
7. Names a	and Street Ad	dresses of Each Officer a	nd/or Director (Flo	rida nonprof	it corporat	ions must list at lea	ast 3 directors)					
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip				
D	DIVERONICA, MICHAEL			2301 COLLINS AVE.				MIAMI BEACH FL 33139				
D	KOTLER, ELIAS			2301 COLLINS AVE.				MIAMI BEACH FL 33139				
D	COMETTO	2301 COLLINS AVE.				MIAMI BEACH FL 33139						
					a			000034696080 -11/20/0001017038 ****248.00(<****245.00				
8. Name and Address of Current Registered Agent						9. Name and Address of New Register			tered Age	nt		
Name												
GREENSPOON,MARDER,HIRSCHFELD,RAFKIN,ROSS AND BERGER, P.A. 100 W. CYPRESS CREEK RD., STE. 700						Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.						
FT. LAUDERDALE FL 33309						City	State 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 REGISTERED AGENT MUST SIGN												
this rein	statement ap	officer or director or the replication, the reason for clion have been paid and true and accurate, and m	fissolution has been the names of individ	eliminated, luals listed (the corpo on this forr	rate name satisfies n do not qualify for	s the requirements an exemption und	of section 607.0401 o	r 617.0401.	, F.S., that all tees		

10/24/00 305-604-1000 Daytime Phone #