

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
May 22, 2001  
9:00 AM 43 PM 0.49 \$61.25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400007829004--2  
-09/18/02--01034--018  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

400007829004--2  
-09/18/02--01034--017  
\*\*\*\*\*175.00 \*\*\*\*\*175.00

DOCUMENT # N98 000006824

1. Corporation Name  
Lincoln Road Villas East Condominium  
Association, Inc.

2. Principal Office Address  
1345 Drexel Ave  
Suite, Apt. #, etc.  
6

3. Mailing Office Address  
P.O. Box 190541  
Suite, Apt. #, etc.

City & State  
Miami Beach, FL  
Zip 33139 Country Dade

City & State  
Miami Beach, FL  
Zip 33119 Country Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number 650883713 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name Angel Martinez  
Street Address (P.O. Box Number is Not Acceptable)  
1611 West Avenue  
Suite, Apt. #, Etc. 11  
City Miami Beach State FL Zip Code 33139

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent x Angel Martinez Treasurer Date 7/2/02  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Arthur J. Cummins	900 16th st # 102	MB, FL 33139
TD	Angel Martinez	1611 West Ave # 11	MB, FL 33139
SD	Paul Schober	1611 West Ave # 5	MB, FL 33139

10. 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] President 7-1-02 305-531-3974  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)