
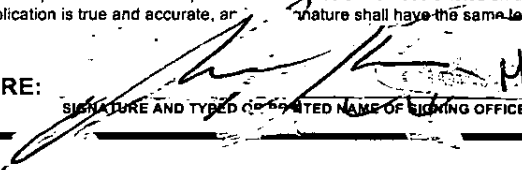


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P020000001908			
1. Corporation Name Newton Street Condominium, Inc.			
2. Principal Office Address 1220 Newton St. Suite, Apt. #, etc.		3. Mailing Office Address PO Box 4034 Suite, Apt. #, etc.	
City & State Key West, FL		City & State Key West, FL	
Zip 33040	Country	Zip 33041	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 1-7-2002		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name John C. Rockwell, Esq.			
Street Address (P.O. Box Number is Not Acceptable) 1220 Newton St 201 Front St			
Suite, Apt. #, Etc. Suite 203			
City Key West		State FL	Zip Code 33040
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 John C. Rockwell		Date 9-14-05	
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
Pres.	Marina Kushner	1220 Newton St #5	Key West/FL/33040
VP	Bill Mattson	P.O. 4873	Key West/FL/33041
Treas/Sec	Robert Shredy	1220 Newton St #5	Key West/FL/33040
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)(b), 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: 		Marina Kushner 11/15/05 President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 11/15/05	
		Daytime Phone # (718) 930-9671	

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