

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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



FILED

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000032273**

1. Corporation Name **MUNNE BEACH CONDO II, INC.**

Principal Place of Business Mailing Address

**900 Stillwater Drive**  
**Miami Beach, Fl. 33141**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT 2000**

*[Handwritten signature]*

2. New Principal Office Address, If Applicable <b>965 S.E. 4th Street</b>		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>4/28/1994</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0490693</b>	
City & State <b>Hialeah, Fl. 33011</b>		City & State		Applied For Not Applicable	
Zip <b>33101</b>	Country <b>Miami-Dade</b>	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, D	George Munne	965 S.E. 4th Street	Hialeah, Fl. 33101

**600003493106--7**  
**-12/11/00--01027--019**  
**\*\*\*\*758.75 \*\*\*\*758.75**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>George Munne</b> <b>965 S. E. 4th Street</b> <b>Hialeah, FL. 33101</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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]* Date **11/3/00**

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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]* **11/3/00** (305) 965-8852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)