

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 OCT -4 AM 10:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **99500091923**
 1. Corporation Name
MSD ASSOCIATION, INC.

Principal Place of Business Mailing Address
150 ALHAMBRA CIRCLE SAME
SUITE 800
CORAL GABLES, FL 33134

REINSTATEMENT *99*

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

2. Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number 52-1952403	Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

7. List the Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D, P MEHMET SALIH DERELI	2127 BRICKELL AVE, AP 1804 MIAMI, FL 33129	MIAMI, FL 33129
D, VP MEHMET SINAN DERELI	2127 BRICKELL AVE, AP 1804	MIAMI, FL 33129
		400003012774--6 -10/12/99--01055--003 ****750.00 ****750.00

8. Name and Address of Current Registered Agent MEHMET S. DERELI 2127 BRICKELL AVE, AP 1804 MIAMI, FL 33129	9. Name and Address of New Registered Agent Name ASLAN PALACHI Street Address (P.O. Box Number is Not Acceptable) 1110 BRICKELL AVE SUITE 303 Suite, Apt #, Etc. SUITE 303 City MIAMI State FL Zip Code 33131
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I, the undersigned, the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature: *A Palachi* Date: **9-10-99**
 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.)

I, the undersigned, an officer or director of 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 required by this 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]* **MEHMET S. DERELI** **9/10/99** **(305) 859-4901**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CORPOR 12-99