

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000073241

FILED
Oct 05, 2004
Secretary of State

Entity Name: HILLCREST/59 APARTMENTS, INC.

Current Principal Place of Business:

901 PONCE DE LEON BLVD
SUITE # 501
CORAL GABLES, FL 33134

New Principal Place of Business:

3033 NW 63
SUITE 155
OKLAHOMA CITY, OK 73116

Current Mailing Address:

P O BOX 112
KEY BISCAYNE, FL 33149 US

New Mailing Address:

3033 NW 63
SUITE 155
OKLAHOMA CITY, OK 73116 US

FEI Number: 65-0701503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, FERNANDO R
901 PONCE DE LEON BLVD.
SUITE 501
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

CIKLIN, ALN J
515 FLAGLER
18TH FLOOR
WEST PALM BEACH, FL 33401 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALAN J CIKLIN

10/05/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LARREA, A.J.
Address: 81 ISLAND DR
City-St-Zip: KEY BISCAYNE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SHARPE, WILLIAM L
Address: 3033 NW 63 - SUITE 155
City-St-Zip: OKLAHOMA CITY, OK 73003

Title: SEC () Change (X) Addition
Name: NAIFEH, FRANK E
Address: 3033 NW 63 - SUITE 160
City-St-Zip: OKLAHOMA CITY, OK 73116

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM L SHARPE

PRES

10/05/2004

Electronic Signature of Signing Officer or Director

Date