

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 MAR 24 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **702839**

1. Corporation Name
Balmoral Apartments Inc.

2. Principal Office Address - No P.O. Box #
350 Collins Ave

Suite, Apt. #, etc.
Suite 200

City & State
Miami Beach, FL

Zip Country
33139 USA

3. Mailing Office Address
747 4th Street

Suite, Apt. #, etc.
Suite 200

City & State
Miami Beach, FL

Zip Country
33139 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
8/30/1961

5. FEI Number
591034138

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

7. Name and Address of Current Registered Agent

Name
Landa-Posada PA

Street Address (P.O. Box Number is Not Acceptable)
6080 SW 40 St

Suite, Apt. #, Etc.
Suite 4

City State Zip Code
Miami, FL 33155

900258121099
03/24/14--01002--005 **236.25

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 *[Signature]* Date **3/17/14**
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
P	Rudy Guglieri	747 4th St, Suite 200	Miami Beach, FL 33139
VP	Nicole De Santis	"	"
S	Robert Lovett	"	"
T	Patricia Murino	"	"
D	Dolores Testa	"	"

REINSTATEMENT

MAR 24 2014
R. HUNT

10. E-mail Address: **fermin@theroyalgroup.net**
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
SIGNATURE: *[Signature]* **3/14/14**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #