

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY 16 PM 9:15

DOCUMENT # 705944

1. Corporation Name

2072 N.E. 169th St. Condominium Association, Inc

REINSTATEMENT 88-12

2. Principal Office Address - No P.O. Box #
2072 N.E. 169th St.

3. Mailing Office Address
2072 N.E. 169th St.

Suite, Apt. #, etc.
Apt. 1

Suite, Apt. #, etc.
Apt. 1

City & State
N.M.B., Florida

City & State
N.M.B., Florida

Zip
33162

Country
U.S.A

Zip
33162

Country
USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 07/24/1963

5. FEI Number 592123706 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jean-pierre Pache

Street Address (P.O. Box Number is Not Acceptable)
2072 N.E. 169th St.

Suite, Apt. #, Etc.
Apt. 1

City
North Miami Beach,

State
FL

Zip Code
33162

600235201116
05/16/12--01025--010 **1706.25

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 J Pache
REGISTERED AGENT MUST SIGN

Date 05/08/2012

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	Alberto Acevedo	2072 N.E. 169th St.	N.M.B., FL. 33162
T/S	Jean-Pierre Pache	2072 N.E. 169th St.	N.M.B., FL. 33162
D	Leonard Goldberg	2072 N.E. 169th St.	N.M.B., FL 33162

10. E-mail Address: Amandoanena@yahoo.com

(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 a 817.155, F.S.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/09/2012 7862000694

Date

Daytime Phone #

MAY 16 2012
D. BUTLER