

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 NOV -1 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707576

1. Corporation Name

520-79TH STREET INC A CONDOMINIUM

100004701051--6

-11/30/01--01076--027

****358.75 ****358.75

2. Principal Office Address

520, 79th St. #5, Miami Beach

Suite, Apt. #, etc.

5

City & State

MIAMI BEACH, FL

Zip

33141

Country

3. Mailing Office Address

520, 79th St.

Suite, Apt. #, etc.

5

City & State

MIAMI BEACH, FL

Zip

33141

Country

REINSTATEMENT

09/01

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/13/1964

5. FEI Number

N/AE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EDUARDO PEÑA

Street Address (P.O. Box Number is Not Acceptable)

520, 79th St.

11LS

Suite, Apt. #, Etc.

Apt. #1

City

MIAMI BEACH

State

FL

Zip Code

33141

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

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
TD	HELENA REQUENA	520, 79th St. #5 M.B. FL. 33141	MIAMI BEACH, FL. 33141
PD	EDUARDO PEÑA	520, 79th St. #1	MIAMI BEACH, FL. 33141
SD	NATASZA JANOWSKI	520, 79th St. #6	MIAMI BEACH, FL. 33141

10. 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:

Helena Requena Camelo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-2001

Date

305 861-2292

Daytime Phone #

CR2E081 (9/00)