

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 DEC 28 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 709227

1. Corporation Name  
719 Apartment Association, Inc.

2. Principal Office Address  
719 Euclid AV

Suite, Apt. #, etc.

3. Mailing Office Address  
719 Euclid AV.

Suite, Apt. #, etc.

12

12

City & State  
Miami Beach, FL

Zip 33139

Country U.S.A

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Miami Beach, FL

Zip 33139

Country U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida 1965

5. FEI Number 59-2604982

Applied For  
Not Applicable

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

REINSTATEMENT 01-07

7. Name and Address of Current Registered Agent

Name Ramiro Holmes

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

Suite, Apt. #, Etc.  
12

City Miami Beach FL

State FL

Zip Code 33139

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 Ramiro Holmes

Date 12/21/2006

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
PT	Ramiro Holmes	719 Euclid AV #12	Miami Beach FL 33139
V/P	Orlando Chavez	719 Euclid AV #1	Miami Beach FL 33139
S/D	Dennis Delonoy	719 Euclid AV #9	Miami Beach FL 33139

100082812471  
12/28/06--01009--003 \*\*\*345.00

05/23/05 01063 001 \$258.75

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 contained in Chapter 119, 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: Ramiro Holmes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ph 2 305 673-8006

12/21/2006

Date

Daytime Phone #