

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -3 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

INTEN CONDOMINIUM INC

709241

2. Principal Office Address

8299 Coral Way

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

USA

3. Mailing Office Address

8299 Coral Way

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

USA

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

5. FEI Number

59-1575291

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

Property Management Services INC

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

8299 Coral Way

Suite, Apt. #, Etc.

City

Miami

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

Julia Paul Vertun

REGISTERED AGENT MUST SIGN

Date 2/14/03

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/D	Zamora, Federico	1800 Kennedy Causeway	North Bay Village, FL 33141
VP/D	Oll, Minnie	1770 Kennedy Causeway	North Bay Village, FL 33141
ST/D	Norris, Elinor	1780 Kennedy Causeway	North Bay Village, FL 33141
D	Ginsberg, Sidney	1780 Kennedy Causeway	North Bay Village, FL 33141
D	Bregman, Anne	1780 Kennedy Causeway	North Bay Village, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14103

CR2E081 (10/02)



Property Management Services Corporation

8299 Coral Way, Miami, Florida 33155
Dade 305/264-4250
South Florida 800-246-8577 • Fax 305/264-9339

February 14, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Intercondominium, Inc.

Dear Sirs:

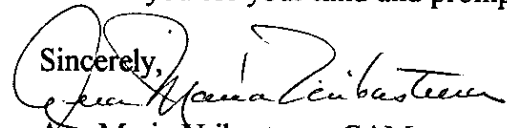
On May 22, 2002 we sent you the 2002 annual Corporate Report for Intercondominium Inc. together with check #05-32962 for \$61.25. The check and form were received by your department and the check was cashed, however the corporation was dissolved.

We did not receive the form back or any notification of the dissolution and we are hereby requesting that you help us in this matter and the reinstatement fee is waived.

We are enclosing a check for \$61.25 for the 2003 Annual Corporate Report together with The reinstatement form as per instructions from your office.

I thank you for your kind and prompt cooperation.

Sincerely,


Ana Maria Uribasterra, CAM
For the Board of Directors of
Intercondominium, Inc.