

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG 10 PM 3:58



CORPORATION  
REINSTATEMENT

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

DOCUMENT # 709323

1. Corporation Name

CARLYLE TOWERS, INC., A CONDOMINIUM

2. Principal Office Address

7800 CARLYLE AVE.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33141

Country

MIAMI-DADC

3. Mailing Office Address

90 PUBLIO RODRIGUEZ  
7800 CARLYLE AVE.

Suite, Apt. #, etc.

SUITE 3-C

City & State

MIAMI BEACH, FL

Zip

33141

Country

MIAMI-DADC

REINSTATEMENT 73-01

4. Date Incorporated or Qualified  
To Do Business in Florida

7-19-7765

5. FEI Number

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

PUBLIO RODRIGUEZ

500004551505--8

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

7800 CARLYLE AVE.

-08/23/01--01004--005

\*\*\*2021.25 \*\*\*2021.25

Suite, Apt. #, Etc.

3-C

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

*Publio Rodriguez*  
REGISTERED AGENT MUST SIGN

Date 08-08-01

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
DIR + PRES.	INGRID TAGLIAPIETRA	7800 CARLYLE AVE #4-F MIAMI BEACH, FL 33141	MIAMI BEACH, FL 33141
DIR + TREAS.	PUBLIO RODRIGUEZ	7800 CARLYLE AVE. #3-C	MIAMI BEACH, FL 33141
DIR - VICE PRES.	LUCY PEREZ-CRUZ	7800 CARLYLE AVE. #6-A	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.

PUBLIO RODRIGUEZ

SIGNATURE:

*Publio Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-08-01

Date

305-8684458

Daytime Phone #

1001 BREVET 1 (8/00)