

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 17 PM 6:17

DOCUMENT # 716152

1. Corporation Name

910 JEFFERSON TOWERS, INC., A CONDOMINIUM

Principal Place of Business

Mailing Address

910 JEFFERSON AVENUE
MIAMI BEACH FL 33139

910 JEFFERSON AVENUE
MIAMI BEACH FL 33139



REINSTATEMENT

01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2040665

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D,P	WAGGERMAN, RITA JESUS E. TORRES	910 JEFFERSON AVE # 2-B	MIAMI BCH FL 33139
D,V	MONTERO, PAUL DANIEL GARCIA	910 JEFFERSON AVE # 2-C	MIAMI BCH FL 33139
KTD	YEAGER, RACHEL	910 JEFFERSON AVE # 5-D	MIAMI BCH FL 33139
D	WAGLEIGH, ADELA DAVID KUTNER	910 JEFFERSON AVENUE # 3-B	MIAMI BEACH FL 33139
S,D	LECOEUR, CAROLINA	910 JEFFERSON AVE # 5-E	MIAMI BEACH FL 33139
			700004661577--2 -10/31/01--01077--009 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TORRES, JESUS
910 JEFFERSON AVE
#2-B
MIAMI BEACH FL 33139

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

AD

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Jesús E. Torres
JESUS E. TORRES
PRESIDENT
REGISTERED AGENT MUST SIGN

Date 10-15-01

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., 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:

Rachel Yeager
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

treasurer 305-532-7296
Date Daytime Phone #

CR2E040 (8/01)