

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 MAR 23 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

716444

1. Corporation Name

Horseshoe Condominium, Inc. A  
CONDOMINIUM

W00-6617

Principal Place of Business

Mailing Address

500 - 77 Street  
Miami Beach Florida 33141

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

9500

4. Date Incorporated or Qualified  
To Do Business in Florida

JUNE 4, 1969

5. FEI Number

59-1286619

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Raul R. Padron D	2641 S.W 25 St	Miami Fla; 33133 D
V	Giovanni Guaragna D	500 - 77 Street #6	Miami Beach FL 33141 D
M	Zelma Lopez T	7921 Byron Ave #401	Miami Bch. FL 33141 V

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-04/04/00--01033--015  
\*\*\*\*542.50 \*\*\*\*542.50

8. Name and Address of Current Registered Agent

ZELMA LOPEZ

9. Name and Address of New Registered Agent

Name

Zelma Lopez

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

7921-BYRON AVE

Suite, Apt. #, Etc.

401

City

MIAMI Beach

State

FL

Zip Code

33141

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

Zelma Lopez

REGISTERED AGENT MUST SIGN

Date

3/1/2000

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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 in making 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., the 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:

Zelma Lopez Zelma Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2000

Date

305 868-5491

Daytime Phone #

CR2E08 (12/98)