

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 25 PM 3:54

DOCUMENT # 726163

1. Corporation Name

418 Euclid Avenue Condominium, Inc
(Plat Book 2 - Page 91) Dade County, FL W01-11293

2. Principal Office Address

418 Euclid Ave.

3. Mailing Office Address

418 Euclid Ave.

Suite, Apt. #, etc.

Box 12

Suite, Apt. #, etc.

Box 12

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

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-06/20/01--01004--007

*****8.75 *****8.75

REINSTATEMENT

Date of Incorporation or Qualification
To Do Business in Florida

06-04-73

5. FEI Number

59-1577792

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

Leslie J. Longfield

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

418 Euclid Ave #3B

Suite, Apt. #, Etc.

~~Miami Beach~~ #3B

City

Miami Beach

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

Leslie J. Longfield

REGISTERED AGENT MUST SIGN

Date 04-19-01

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
President	(D) Leslie Longfield	418 Euclid Ave 3B	Miami Beach, FL 33139
Vice President	(D) Christina Herrera	418 Euclid Ave 3C	Miami Beach, FL 33139
Secretary	(D) Diane Major	418 Euclid Ave 2B	Miami Beach, FL 33139

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:

Leslie J. Longfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-01

Date

305-674-0759

Daytime Phone #