

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAR 30 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 729197

**1. Corporation Name**

MADRID TOWERS CONDOMINIUM, INC.

**2. Principal Office Address**

1650 LE JEUNE ROAD

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 03-04**

**4. Date Incorporated or Qualified**

To Do Business in Florida MARCH 20, 1974

**5. FEI Number**

59-2761341

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

GRUENINGER AND PUJOL, P.A.

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

3191 CORAL WAY

Suite, Apt. #, Etc.

SUITE 1005

City

MIAMI

State

FL

Zip Code

33145

**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

REGISTERED AGENT MUST SIGN

Date 3/26/04

**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	CARMEN ARANA	1650 LE JEUNE ROAD # 304	CORAL GABLES, FLORIDA 33134
VP/S	PILAR PEREIRA	1650 LE JEUNE ROAD # 204	CORAL GABLES, FLORIDA 33134
T	RUTH BALDA	1650 LE JEUNE ROAD # 302	CORAL GABLES, FLORIDA 33134

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**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)(l), 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

3/26/04

Date

305-567-9122

Daytime Phone #

CR2E081 (01/04)

*Handwritten initials*