

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 14 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

740903

1. Corporation Name

701 Euclid Gardens Condominium
Association, Inc.

2. Principal Office Address

701 Euclid Ave

Suite, Apt. #, etc.

Apt. 204

Miami Beach, FL

Zip Country

33139 USA

3. Mailing Office Address

701 Euclid Ave

Suite, Apt. #, etc.

Apt. 204

Miami Beach, FL

Zip Country

33139 USA

REINSTATEMENT

0103

700023783327

10/14/03--01020--022 **367.50

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2046674

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

Michael Farrow

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

701 Euclid Ave

Suite, Apt. #, Etc.

Apt. 204

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

Michael Farrow

REGISTERED AGENT MUST SIGN

Date

10/10/03

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/D	Marton Stern	701 Euclid Ave	Miami Beach, FL 33139
V/D	Yvan Cortes	701 Euclid Ave	Miami Beach, FL 33139
T/D	Michael Farrow	701 Euclid Ave	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:

Michael Farrow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/03

Daytime Phone #

3057
335-2101

CR2E081 (10/02)