

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL 25 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742919

1. Corporation Name

Olympian West Condominium Association

2. Principal Office Address

c/o Fidelity Property Management

Suite, Apt. #, etc.

1722 SW 84 CT

City & State

Miami, FL

Zip

Country

33155

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/18/1978

5. FEI Number

59-2135254

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Anicia Morales c/o Fidelity Property Management

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

1722 SW 84 CT

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33155

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

Anicia Morales
REGISTERED AGENT MUST SIGN

Date

July 19, 2003

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	Paul Alfonso	8540 SW 156 CT, #200	Miami, FL 33193
VP	Harold Rodriguez	8586 SW 156 CT, #122	Miami, FL 33193
T	Robson Tavares	15632 SW 85 Terrace, #220	Miami, FL 33193
S	Debora Riveron	15637 SW 86 Terrace, #305	Miami, FL 33193

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Debora Riveron

7-19-03

305-9870993