

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 SEP 25 PM 2:45

DOCUMENT # 754605

1. Corporation Name

ABBOTT GARDENS CONDOMINIUM association
8101 BYRON AVE. MIAMI BEACH FL. 33141

2. Principal Office Address

8101 Byron Ave.

Suite, Apt. #, etc.

Association Box

City & State

Miami Beach Fl.

Zip
33141

Country
Dade

3. Mailing Office Address

C/o :L.M.Quality Mgmt.

Suite, Apt. #, etc.

P.O. 440915

City & State

Miami Fl.

Zip
33144

Country
Dade

REINSTATEMENT 20-01

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59369502

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

LUZMARY NUNEZ

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

8101 Byron Ave.

Suite, Apt. #, Etc.

Association Box-Office

City

Miami Beach

State

FL

Zip Code

33141

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

9/1/01

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
PD	Susana Lopez	8101 Byron Ave. 312	Miami Beach FL 33141
VPD	RAQUEL COLLADO	8101 Byron Ave 512	Miami Beach FL 33141
TD	Rogelio Rodriguez	8101 Byron Ave. 412	Miami Beach FL 33141
SD	Roman Riera	8101 Byron Ave. 212	Miami Beach FL 33141
D	RZGrundwald	8101 Byron Ave. 209	Miami Beach FL 33141

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/01

Date

305-264-8035

Daytime Phone #

CR2E081 (9/00)