

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 757256

1. Corporation Name

**HECO CONDOMINIUM ASSOCIATION, INC.**

2. Principal Office Address - No P.O. Box #

1541 West 42nd Street

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33012

Country

USA

3. Mailing Office Address

1541 West 42nd Street

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33012

Country

USA

**FILED**

13 MAR 12 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten initials*

CR2E081 (11/10)

82-13

4. Date Incorporated or Qualified  
To Do Business in Florida

06/18/1981

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
Yes

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Armando Guermes

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

18721 Wentworth Drive

Suite, Apt. #, ETC

City

Hialeah

State

FL

Zip Code

33015

100245621581  
03/12/13--01023--003 \*\*8.78

100245621581  
03/12/13--01023--002 \*\*2151.00

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

*Handwritten signature of Armando Guermes*

Date March 7th, 2013

REGISTERED AGENT MUST SIGN

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	Armando Guermes	18721 Wentworth Drive	Hialeah, FL 33015
D	Armando Guermes	19040 Wenthworth Drive	Hialeah, FL 33015
T/D	Esperanza Guermes	18721 Wentworth Drive	Hialeah, FL 33015
S/D	Maria Guermes	1553 West 42nd Street	Hialeah, FL 33012

10 E-mail Address: Mariaguermes@gmail.com

(To be used for future annual report notification)

11 I certify that I am an officer or director of 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. and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817 155, F.S.

SIGNATURE:

*Handwritten signature of Armando Guermes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 7th, 2013

(305) 479-3867

Date

Daytime Phone #