

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 23 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767350

1. Corporation Name

21/22 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2103 CORAL WAY
SUITE 108
MIAMI FL 33145

2103 CORAL WAY
SUITE 108
MIAMI FL 33145

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2103 CORAL WAY

Suite, Apt. #, etc.

201

City & State

MIAMI, FL

Zip

33145

Country

USA

3. New Mailing Office Address, If Applicable

2103 CORAL WAY

Suite, Apt. #, etc.

201

City & State

MIAMI, FL

Zip

33145

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1983

SP

5. FEI Number

59-2327941

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DAGO, RENE JR.	2103 CORAL WAY #108 #201	MIAMI FL 33145
SVPD	TURRO, JUAN A	2103 CORAL WAY #108 #201	MIAMI FL 33145
TAD	RAMUDO, LUIS A	2103 CORAL WAY #108 #201	MIAMI FL 33145

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8. Name and Address of Current Registered Agent

DAGO, RENE JR.
2103 CORAL WAY
STE. 201
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 3/21/01

11. 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)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RENE DAGO, JR., PRESIDENT

3/21/01

Date

(305) 858-6233

Daytime Phone #

CR2E040 (800)