

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR -9 AM 8:00

DOCUMENT # 769107

1. Corporation Name  
Mahogany Key Condominium Association, Inc.  
c/o Miami Management, Inc.  
14275 SW 142nd Ave  
Miami, FL 33186

2. Principal Office Address c/o Miami Management  
14275 SW 142nd Ave  
Suite, Apt. #, etc.

3. Mailing Office Address Miami Management  
14275 SW 142nd Ave  
Suite, Apt. #, etc.

City & State  
Miami, FL

Zip Country  
33186 USA

City & State  
Miami, FL

Zip Country  
33186 USA

REINSTATEMENT 03-04

7/28/03 90148 030 \*20.42

4. Date Incorporated or Qualified  
To Do Business in Florida 6/24/83

5. FEI Number  
592446363

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name Carlos A. Triay, P.A. 300030063699  
Street Address (P.O. Box Number is Not Acceptable) 03/09/04--01024--012 \*\*61 25  
10370 NW 27th Street #103  
Suite, Apt. #, Etc. 300030063699  
Miami, FL \*1031 03/16/04--01098--021 \*\*40 83  
City State Zip Code  
Miami FL 33172

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  
REGISTERED AGENT MUST SIGN

Date 2/18/04

**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	Desiree R. Bisher	10521 Mahogany Key Cir #201	Miami, FL 33196
NRD	Carl Childress	10621 Mahogany Key Cir #103	Miami, FL 33196
TD	Aloysius Gallagher	10521 Mahogany Key Cir #208	Miami, FL 33196
SD	Sallie Hooyler	10441 Mahogany Key Cir #207	Miami, FL 33196

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

Date Daytime Phone #

CR2E081 (10/02)

*Incorporated  
since 1988*



**Miami  
Management, Inc.**  
Full Service Property Management & Maintenance

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Main Office:  
14275 S.W. 142 Avenue  
Miami, Florida 33186  
Tel (305) 378-0130  
Fax (305) 378-0259  
Estoppel Dept. Fax (305) 253-4126  
Toll Free: 1-800-273-4603

Reply to: \_\_\_\_\_

December 17, 2003

Department of State  
Division of Corporation  
P.O. Box #6327  
Tallahassee, FL 32314

**RE: Mahogany Key Condominium Association, Inc**  
**C/O Miami Management, Inc.**  
**14275 SW 142<sup>nd</sup> Ave**  
**Miami, Florida 33186**  
**Document #769107**

To Whom It May Concern:

As per my conversation with one of your assistants yesterday I am sending a new check for this corporation. We had originally sent three separate checks to cover the total amount but somehow only one of the checks (#65 \$20.42) was posted. The two remaining checks (#69 \$20.41, #66 \$20.42) were supposed to have been sent back to us along with the document. At this time both of those checks are still outstanding.

We are replacing those two checks with another check (#00146) to cover the shortage of \$40.83. The check amount is for more and therefore we ask that you just credit the account. In speaking to your assistant yesterday they told me that we should ask to have the penalty waved at this time. We did send those checks but there was some confusion as to why three (3) checks.

We thank you in advance for your help and cooperation in this matter. If we can be of any further help in this matter please do not hesitate to call upon us at (305) 259-1415 at speak to Martha Reidy.

Sincerely,  
**FOR THE BOARD OF DIRECTORS**

  
**Martha Reidy, C.A.M.**  
**Vice-President Dade Division**  
**Miami Management, Inc.**

cc: Correspondence File  
Bookkeeper  
Account Payable

Enclosed: Check and Document

North Miami Office:  
1380 N.E. Miami Gardens Dr.  
Suite 130  
North Miami, Florida 33179  
Tel (305) 956-5016  
Fax (305) 956-2715

Broward Office:  
1145 Sawgrass Corporate Parkway  
Sunrise, Florida 33323  
Tel (954) 846-7545  
Fax (954) 846-8559  
1-800-605-9160 Dade Tel.

Divisions:  
MMI of the Palm Beaches, Inc.  
1860 Old Okeechobee Road  
Suite 510  
West Palm Beach, Florida 33409  
Tel (561) 686-7818  
Fax (561) 686-7284

MMI of the Gulf Coast, Inc.  
6225 Presidential Court  
Suite C  
Fort Myers, Florida 33919  
Tel (239) 481-5250  
Fax (239) 481-9930

ccc