

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

FILED

02 DEC 26 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # NO10000007999

1. Corporation Name

CASABLANCA VILLAS CONDOMINIUM ASSOCIATION
OF MIAMI BEACH, INC.

2. Principal Office Address

999 WASHINGTON AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL 33139

City & State

Zip

33139

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$9.75 Additional Fee required
for a Certificate of Status

2002 UBR

MA

7. Name and Address of Current Registered Agent

Name

ABRAHAM A. GALBUT

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

999 WASHINGTON AVENUE

Suite, Apt. #, Etc.

City

MIAMI BEACH FL

State
FL

Zip Code

33139

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

Abraham A. Galbut

REGISTERED AGENT MUST SIGN

Date 12/23/02

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	ABRAHAM A. GALBUT	999 WASHINGTON AVE	MIAMI BEACH FL 33139
VPD	ABBY-COLON	999 WASHINGTON AVE	MIAMI BEACH FL 33139
STD	ALINA M. ALLEN	999 WASHINGTON AVE	MIAMI BEACH FL 33139

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ABRAHAM A. GALBUT

Date

12/23/02 305 672-9100

Daytime Phone #

282

CASABLANCA VILLAS CONDOMINIUM
ASSOCIATION OF MIAMI BEACH, INC.

999 Washington Avenue
Miami Beach, Florida 33139

December 16, 2002

Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

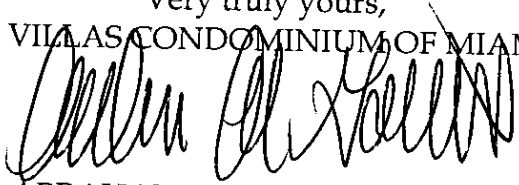
IN RE: CASABLANCA VILLAS CONDOMINIUM ASSOCIATION OF
MIAMI BEACH, INC., A FLORIDA CORPORATION

Dear Sirs:

Please be advised the undersigned is the vice-president of the above referenced corporation under Document number: N01000007999. Please be advised we did not receive the 2002 Uniform Business Report form. Please find enclosed a check in the amount of \$158.75 as the annual corporation fee and for the issuance of a certificate of good standing. Please reinstate this corporation and change the mailing address to 999 Washington Avenue Miami Beach, Florida 33139.

Thank you for your cooperation and consideration in this matter.

Very truly yours,
CASABLANCA VILLAS CONDOMINIUM OF MIAMI BEACH, INC.



ABRAHAM A. GALBUT, President

AAG:ac