

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N01246

1. Corporation Name

SOUTH MIAMI BUSINESS CENTER  
CONDOMINIUM ASSOCIATION SEC. 1, INC.

Principal Place of Business

Mailing Address

4651 - 4699 SW 72 AVE.  
AND  
7175 SW 47 ST.  
UNITS 201-210  
MIAMI, FL 33155

c/o MADDUX AND COMPANY  
P.O. BOX 557113  
MIAMI, FL 33255-7113

If above address is incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2503801

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	LEONARD SUSSMAN -D	4699 SW 72 AVENUE	MIAMI, FL 33155
V.P.	HENRY AGUILERA -D	4661 SW 72 AVENUE	MIAMI, FL 33155
TREAS	RAY LARSON -D	4689 SW 72 AVENUE	MIAMI, FL 33155
SEC.	AARON HERTZ -D	7175 SW 47 ST. #210	MIAMI, FL 33155

REINSTATEMENT 94-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

J. SCOTT WESTON  
c/o MADDUX AND COMPANY  
4651 - 4699 SW 72 Ave  
MIAMI, FL 33255-7113

Name

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

Suite, Apt. #, Etc.

City

000002530500-9

-05/21/98 - 01005000-021  
\*\*\*\*481.25 FL \*\*\*\*481.25

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/98 305247-6304

CR2E040 (1/98)