Ivon

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

[redacted]

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN -9 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01750

1. Corporation Name
The Four Star Condominium Association, Inc.

4BR
02.03

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 1770 West 38 Place | 2225 SW 90th Ave. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Hialeah, Fl | City & State: Miami, Fl. |
| Zip: 33012 Country: DADE | Zip: 33165 Country: |

4. Date Incorporated or Qualified To Do Business In Florida: 03/02/84

5. FEI Number: 265764992 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Farelli Corp.

Street Address (P.O. Box Number is Not Acceptable): 2225 SW 90 AVE

300009967823
01/09/03 01005 001 **300.00

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33165

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: X [signature] Date: 01/07/03
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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 |
|---|---|---|---|
| President VP | Jose A Lizama | 2225 SW 90 Ave Miami, Fl 33165 | Miami, Fl 33165 |
| Secretary VP | Aidi M. Lizama | 2225 SW 90 Ave | Miami, Fl 33165 |
| VP/D | Jose R. Lizama | 8580 NW 5th Terr. | Miami, Fl. 33125 |
| | | | |
| | | | |
| | | | |

1-9-03 - Conversation with Jose Lizama

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] 01/07/03 (305) 265-7781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1B