

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

03 MAR -4 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02361

1. Corporation Name

Angie 1 Condominium Association, Inc.
1311 W. 44th Street
Hialeah, FL 33012

2. Principal Office Address

SAME

3. Mailing Office Address

1311 W. 44 St., #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hialeah, FL

Zip

Country

Zip

Country

33012

USA

REINSTATEMENT 86-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

☒

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 600009013186

Name

Evelio Madruga

03/04/03--01055--019 **61.25

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

1311 W. 44th Street, Apt. 1

600009013186

11/15/02--01004--011 **1216.25

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012-5952

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

Evelio Madruga
REGISTERED AGENT MUST SIGN

Date 02-25-03

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
P/D	Evelio Madruga	1311 W. 44 Street, #1	Hialeah, FL 33012
S/D	Zoila N. Sanchez	1311 W. 44 Street, #2	Hialeah, FL 33012
A/S	Humberto Gomez	1311 W. 44 Street, #3	Hialeah, FL 33012
T/D	Damasio Echemendia	1311 W. 44 Street, #4	Hialeah, FL 33012

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:

Evelio Madruga
EVELIO MADRUGA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-06-2002

Date

Daytime Phone #

CR2E081 (9/01)