

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV -1 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03000007141**

1. Corporation Name

OAK AVENUE PARKING PLAZA CONDOMINIUM ASSOCIATION, INC.
ATTN: Arthur Noriega, Executive Director

000061079400
11/01/05--01058--019 **271.25

2. Principal Office Address

190 NE Third Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33132

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (8/05)

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

Name

Arthur Noriega

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

190 NE Third Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33132

REINSTATEMENT

T. Roberts NOV 03 2005

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

10/19/05

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	Oscar Rivero	3059 Grand Avenue #410	Coconut Grove, Florida 33133
VSTD	Marlon Hill	200 South Biscayne Blvd. #2680	Miami, Florida 33131
VD	Arthur Hertz	3195 Ponce De Leon Blvd	Moral Gables, Florida 33134
VD	Jami Reyes	150 SE 2nd Avenue #1302	Miami, Florida 33101
D	Thomas B. Jelke	2403 South Miami Avenue	Miami, Florida 33129

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/05

Daytime Phone #