

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N04000009596

1. Corporation Name

Skyline on Brickell Condominium Association, Inc.

2. Principal Office Address

800 Brickell Avenue

Suite, Apt. #, etc.

#310

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

800 Brickell Avenue

Suite, Apt. #, etc.

#310

City & State

Miami, FL

Zip

33131

Country

USA

06 MAR 24 PM 4:41

STATE  
TALLAHASSEE  
FLORIDA

REINSTATEMENT 06

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

841658939

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 Becker & Poliakoff, P.A. c/o Rosa M. De La Camara, Esq.

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

121 Alhambra Plaza

Suite, Apt. #, Etc.

10th Floor

City

Coral Gables,

State  
FL

Zip Code

33134

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

*Rosa M. De La Camara*  
REGISTERED AGENT MUST SIGN

Date

3/21/06

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	G. Michael Sarlanis	2101 Brickell Ave, #3206	Miami, FL 33131
VP	Ana Maria Velazquez	2101 Brickell Ave, #608	Miami, FL 33131
S	Fiona Henderson-Teo	2101 Brickell Ave, #1704	Miami, FL 33131
T	Juan Pablo Mendoza	2101 Brickell Ave, #2109	Miami, FL 33131
D	C. Chloe Keidaish	2101 Brickell Ave, #304	Miami, FL 33131

800070467688

04/11/06 01064 000 \*236 25

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 contained in Chapter 119, 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:

*Fiona Henderson-Teo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

22nd March '06

Daytime Phone #