

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP -2 PM 4: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000001395

1. Corporation Name

601 Condominium Association, Inc.

300159778013
08/20/09--01044--005 **236.25

2. Principal Office Address - No P.O. Box #

601 Michigan Avenue

3. Mailing Office Address

707 5th street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

Country

33139 USA

Zip

Country

33139 USA

4. Date Incorporated or Qualified To Do Business in Florida

02/04/2005

5. FEI Number

20-1481169

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 08-09

7. Name and Address of Current Registered Agent

Name

Maria Landa - Posada

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

12394 SW 82nd Avenue

Suite, Apt. #, Etc.

City

Pinecrest

State

FL

Zip Code

33156

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

M. Posada

REGISTERED AGENT MUST SIGN

Date

8/10/09

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.	Gowri Dasvani	601 Michigan Avenue	Miami Beach, FL 33139
V.	Tania Cienfuegos	600 Euclid Ave #7	Miami Beach, FL 33139
T.	Daniel Schapiro	601 Michigan Ave #5	Miami Beach, FL 33139
M.	Royal monagment	707 5th street	Miami Beach, FL 33139
		09/08/09--01004--007 **61.25	
		09/02/09--01004--007 **61.25	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/17/09

Date

(305) 535-3575 ext. 105

Daytime Phone #