

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO5000004337**

1. Corporation Name

**Ohio Grove Villas Condominium
Association, Inc.**

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

3035 Ohio Street

Suite, Apt. #, etc.

3. Mailing Office Address

3035 Ohio Street

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/22/2005

5. FEI Number

01-0971576

☐ 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

Thomas Moe

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

3035 Ohio St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33133

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

[Signature]

Date

6-29-10

REGISTERED AGENT MUST SIGN

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
D, President	Thomas Moe	3035 Ohio Street	Miami FL 33133
D, Secretary	Tiffany Moe	3035 Ohio Street	" "
D, Treasurer	Carlos de Cespedes	3033 Ohio Street	" "
D, VP			

10. E-mail Address:

moe0675@yahoo.com

(To be used for future annual report notification)

11. 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 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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] Thomas Moe

6-29-10

Date

305 609-3652

Daytime Phone #