

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20659

1. Corporation Name

Milam Airport Park III Condominium Association, Inc.

700356173597
12/07/20--01034--015 **635.00

2. Principal Office Address - No P.O. Box #
12350 SW 132 Court

3. Mailing Office Address
12350 SW 132 Court

Suite, Apt #, etc
114

Suite, Apt #, etc
114

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33186 USA

Zip Country
33186 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 5/15/1987

5. FEI Number Applied For
65-0040180 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

Corona Law Firm P.A.

Street Address (P.O. Box Number is Not Acceptable)
3899 NW 7 Street

Suite, Apt #, Etc
Second Floor

City State Zip Code
Miami FL 33126

FILED
20 DEC 11 AM 5:15
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF STATE

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

Date 12/1/2020

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 |
|---------------------|-----------------------------------|--|--------------------|
| President | Alina Corona | 12350 SW 132 Court | Miami, FL 33126 |
| Secretary/Treasurer | Rafael Corona | 12350 SW 132 Court | Miami, FL 33126 |
| | | | |
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DEC 08 2020

[Handwritten Signature]

10. E-mail Address: rcorona@coronapa.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 607.0401 or 617.0401, F.S., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Handwritten Signature]

12/1/2020

305-547-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #