

\$183.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 23 AM 11:38

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23628

1. Corporation Name

ELAN AT CALUSA CONDOMINIUM
VILL ASSOCIATION, INC.

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

40 LAKEVIEW MGMT.

Suite, Apt. #, etc.

13388 SW 128 ST.

City & State

MIAMI FL

Zip

33186

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT CR2E081 (12/07) 06-08

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

650092124

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

MARGIE MITZENMACHER

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

13388 SW 128 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

☒ 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

Margie Mitzenmacher
REGISTERED AGENT MUST SIGN

Date 4-8-08

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	ESTHER ROMERO	13004 SW 88 TR. S. MIAMI FL 33186	
VP	PAUL ROMANO	13024 SW 88 TR. S.	MIAMI FL 33186
S	ASIA FONDA	13012 SW 88 TR. S.	MIAMI FL 33186

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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

E. Roman

Date

5/19/08

Daytime Phone #