

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 4:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N30434**

1. Corporation Name
PRESIDENTIAL CORNERS CONDOMINIUM ASSOCIATION, INC.

REINSTATEMENT *02*

Principal Place of Business
**199 SOUTHWEST 12TH AVENUE
 MIAMI FL 33130-8056**

Mailing Address
**199 SOUTHWEST 12TH AVENUE
 MIAMI FL 33130-8056**



900008698509
 10/30/02--01050--016 **236.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/31/1989	
City & State		City & State		5. FEI Number 65-0114982	
Zip		Country		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				58.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VP V.P.	SOTO, MARIA "D"	199 S.W. 12TH AVE., #511	MIAMI FL 33130
PD	DOCE, JOSE	199 SW 12 AVE, #41B	MIAMI FL 33130
STB	ALVAREZ, CARLOS A.	199 SW 12TH AVE #304	MIAMI FL 33130
P	MEDINA, LEON "D"	199 S.W. 12 AVE # 515	Miami, FL. 33130
ST	Ramos, CESAR "D"	199 S.W. 12 AVE # 513	Miami, FL. 33130

8. Name and Address of Current Registered Agent

DOLE, JOSE
 199 S.W. 12TH AVE.
 APT 418
 MIAMI FL 33130

CANCELLED

9. Name and Address of New Registered Agent

Name: **CESAR RAMOS**
 Street Address (P.O. Box Number is Not Acceptable): **199 S.W. 12 AVE # 513**
 Suite, Apt. #, Etc.: **Miami, FL. 33130**
 City: **Miami** State: **FL** Zip Code: **33130**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED**
 REGISTERED AGENT MUST SIGN

Date **10/28/02**

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., 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 under section 119.07(3)(i), 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/28/02** Daytime Phone # **(305) 325-9738**

CF2E040 (8/02)