

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

*01 02 USBK*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 AUG 23 PM 4:01

DOCUMENT # *N96000004023*

1. Corporation Name

DEL RIO CONDOMINIUM ASSOCIATION, INC.

100007634401--8  
-09/10/02--01045--008  
\*\*\*\*122.50 \*\*\*\*122.50

2. Principal Office Address

1100 COLLINS AVENUE

3. Mailing Office Address

C/O GALIANA P.O. BOX 453436

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33139

Country

USA

Zip

33245-3436

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/01/1996

5. FEI Number

65-0712521

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

GALIANA MANAGEMENT SERVICES, INC.

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

250 SW 21 ROAD

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code

33129-1433

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]*

REGISTERED AGENT MUST SIGN

Date

*8/22/02*

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
PD	JOSEPH CATALINA	2410 BRICKELL AVENUE, #306-C	MIAMI, FL. 33129
VPD	SHANE STAPLES	31 NE 43 STREET	MIAMI, FL. 33137
STD	SUZANNE HOLLAND	43 TUNXIS ROAD	WEST HARTFORD, CT. 06107

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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*8/22/02*

Daytime Phone #

*(305) 205-1560*

CR2E081 (9/01)

*8/27/02*