

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 APR -8 P 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N96000005642**

1. Corporation Name

**MYSTIC PLACE CONDOMINIUM  
ASSOCIATION, INC.**

c/o Atlas Property Management  
Services, Inc.

3. Mailing Office Address

Suite, Apt. #, etc.

1450 NW 87 Ave., Suite 204

Suite, Apt. #, etc.

City & State

Doral, Florida

City & State

Zip

33172

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/30/1996

5. FEI Number  
650818678

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

Elsinger Brown Lewis & Frankel, PA

Street Address (P.O. Box Number is Not Acceptable)  
ATTN: Dennis J. Elsinger, Esquire

Suite, Apt. #, Etc.

4000 Hollywood Blvd., Suite 265-S

City

Hollywood

State

FL

Zip Code

33021

☒ 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.

500149075265  
05/05/02--90189--001 \*\*\$1.25

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

REGISTERED AGENT MUST SIGN

Date

3-19-09

**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
PDT	ADA ALONSO	905 NW 82 AVE Unit B215	MIAMI, FL 33126
T	ANTONIO FIGUEROA	925 NW 82 AVE Unit B111	MIAMI, FL 33126
VP/IS	AMIS C. LOGREIRA	905 NW 82 AVE Unit B211	MIAMI, FL 33126
<b>REINSTATEMENT</b> 08-09			500149075265 02/02/09--01057--017 **\$35.00
			500149075265 05/05/02--90189--002 **\$8.75

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: X

ADA ALONSO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/09

Date

786-291-2592

Daytime Phone #

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MYSTIC PLACE CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: C/O ATLAS PROPERTY MANAGEMENT SERVICES, INC.  
1450 NW 87th AVENUE, SUITE 204, DORAL, FLORIDA 33172
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10-30-1996 Document number: N96000005642
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NONE

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Eisinger Brown Lewis & Frankel, P.A. (Attn: Dennis J. Eisinger, Esquire)

4000 Hollywood Boulevard, Suite 265-S

(P.O. Box NOT acceptable)

Hollywood, Florida 33021

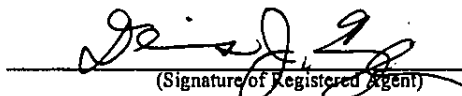
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

ADA ALONSO President  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

3-19-09  
(Date)

If signing on behalf of an entity:

Dennis J. Eisinger

(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*