PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 APR 27 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000003870

1. Corporation Name

30-32 MATILDA STREET CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 3282 Matilda Street, Coconut Grove, Florida 33133

Mailing Address: Same

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

REINSTATEMENT 98.50
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable: 3232 Matilda Street
Suite, Apt. #, etc.:
City & State: Coconut Grove, Florida
Zip: 33133 Country: US

3. New Mailing Address, If Applicable: Same
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 07/07/1997

5. FEI Number: 65-080 4742 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P	RENE DIAZ	3282 Matilda Street	Coconut Grove, Fl 33133
D/V	GRACIELA DIAZ	3282 Matilda Street	Coconut Grove, Fl 33133
D/S/T	EDUARDO S. ARANGO	3184 Mary Street	Coconut Grove, Fl 33133
			000003241250--4 -05/05/00--01034--013
			****358.75 ****358.75

8. Name and Address of Current Registered Agent

MARCO DE LA CAL, ESQUIRE
999 Ponce De Leon Boulevard
Suite 720
Coral Gables, Florida 33134

9. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

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.

Signature of Registered Agent: MARCO DE LA CAL — REGISTERED AGENT MUST SIGN
Date: 03/10/00

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.) KE

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: RENE DIAZ, President — 03/10/00 — (305) 876-4613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/95)