

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 JAN 28 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769808

1. Corporation Name

PASIFINO ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3737 SW 8 ST SUITE 101
180 ARVIDA PARKWAY
CORAL GABLES FL 33134

Mailing Address

3737 SW 8 ST SUITE 101
180 ARVIDA PARKWAY
CORAL GABLES FL 33134



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3737 S.W. 8th ST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3737 SW 8th ST
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1983

5. FEI Number

65-0467471

Applied For

Not Applicable

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL.

Zip

33134

Country

DADE

Zip

33134

Country

DADE

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPS	KURSTIN, JOSEPH M.D.	180 ARVIDA PARKWAY 3737 SW 8 th ST	CORAL GABLES FL 33134
D	KURSTIN, ELENA	180 ARVIDA PARKWAY 3737 SW 8 th ST	CORAL GABLES FL 33134
D	OSTROVSKY, JODIE	4515 BANYAN LANE 3737 SW 8 th ST	MIAMI FL 33187 CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent

KURSTIN, JOSEPH M.D.
180 ARVIDA PARKWAY
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of the registered agent.

Signature of
Registered Agent

Joseph Kurstin M.D.
REGISTERED AGENT MUST SIGN

200802073753-5

01/30/97-01060-014

***236.25 ***236.25

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.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/97 (305) 4612400