PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State 94-98
DIVISION OF CORPORATIONS

FILED
98 JAN 14 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003514

1. Corporation Name
G.V.P. Condominium Association, Inc.

W98-319

Principal Place of Business	Mailing Address
5455 S.W. 8th Street Miami, FL 33144	

REINSTATEMENT 94-98
DO NOT WRITE IN THIS SPACE

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
5455 S.W. 8th Street	10556 N.W. 26th Street
Suite, Apt. #, etc.: 105	Suite, Apt. #, etc.: 203
City & State: Miami, FL	City & State: Miami, FL
Zip: 33144 Country: U.S.	Zip: 33172 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 8/4/93

5. FEI Number: 65-0472196 ☐ 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
P	Andres Cabo	5455 S.W. 8th Street #105	Miami, FL 33144
VP	Luis Cardona	5455 S.W. 8th Street #245	Miami, FL 33144
S	C. Gloria Alonso	5455 S.W. 8th Street #235	Miami, FL 33144

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1-14-98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Anderson, Michel E. 10761 S.W. 104 Street Miami, FL 33176	Name: Orlando Arrom Street Address (P.O. Box Number is Not Acceptable): 10556 N.W. 26th Street Suite, Apt. #, Etc.: 203 City: Miami State: FL Zip Code: 33172

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****61.25 ****61.25

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 _____ Date 12/30/97
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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 of the corporation 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: _____ Andres Cabo 12/30/97 (305) 444-0902

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