PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 19 AM 10:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 751933

1. Corporation Name Dadeland Park Condominium, Inc.

Principal Place of Business / Mailing Address
7505 SW 82nd St.
Miami Fl. 33143

REINSTATEMENT 98-99

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
7505 SW 82 St.	7505 SW 82 St.
Suite, Apt. #, etc	Suite, Apt. #, etc
Miami, FL 33143	Miami, FL 33143
Zip / Country: Dade	Zip / Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 04-07-1980

5. FEI Number: 59-2000710

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee re for a Certificate of St

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
P/D	Garrett Brown	7505 SW 82nd St	Miami Fl 33143
VP/D/S/D	Kevin O'Keefe	7505 SW 82nd St.	Miami Fl 33143
T/D	Vivenne Rosch	7505 SW 82nd St.	Miami Fl 33143

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****297.50 ****297.50

8. Name and Address of Current Registered Agent

Alan H. Lubitz, Esq.
1500 San Remo Avenue
Suite 220
Miami, FL 33146

9. Name and Address of New Registered Agent

Name: SKRLD, INC.
Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle #1102
Suite, Apt. #, Etc.
City: Coral Gables
State: FL Zip Code: 33134

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 SKRLD, INC. BY: LISA A. LERNER, Pres. Date 3-26-1999
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 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 the form do not qualify for an exemption under section 119.07(3)(i), F.S. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Vivienne Rosch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vivienn Rosch Secretary
Title
3/30/99
Date
666-9684
Daytime Phone Number