

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

2000 AR

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **752772**

1. Corporation Name

**ATLANTIS ON BRICKELL CONDOMINIUM ASSOCIATION, INC.
2025 BRICKELL AVENUE
MIAMI, FL 33129**

2. Principal Office Address

2025 Brickell Ave.

3. Mailing Office Address

111 Fontainebleau Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33129

Country

U.S.A.

Zip

33172

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2212990

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

SKRLD, INC.

300003314353-5

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

201 Alhambra Circle

-07/06/00--01013--012

*******61.25 *****61.25**

Suite, Apt. #, Etc.

Suite 1102

City

Miami

State
FL

Zip Code
33134

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

SKRLD, INC. BY LISA LERNER

SECRETARY

6-15-00

REGISTERED AGENT MUST SIGN

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
PD	ANNETTE TADDEO	2025 BRICKELL AVENUE, #602	Miami, FL 33129
TR	ISABEL FERNANDEZ	2025 BRICKELL AVENUE, #1606	Miami, FL 33129
DR	JACK QUANSTROM	2025 BRICKELL AVENUE, #2004	Miami, FL 33129
DR	JACK GEWIRTZ	2025 BRICKELL AVENUE, #2004	Miami, FL 33129

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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 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 #