

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 AUG 13 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758 277

1. Corporation Name

SHORES EDGE CONDOMINIUM NO. 2,
Inc., a not for profit corporation

2. Principal Office Address

290 NW 103 St.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33150

Country

USA

Zip

City & State

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/81

5. FEI Number

82-01

78

☒ Applied For

☐ Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

~~George J. Lott~~

Joy B. Spill, Esq.

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

~~7900 NE 2nd Ave~~ 9100 SO DADELAND BLVD

Suite, Apt. #, Etc.

~~605~~ 504

City

MIAMI

State

FL

Zip Code

33156

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

Smitten Buitrago

Joy B. Spill

Date

5-17-01

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
President	Martha C. Buitrago	290 NW 103 St	MIAMI FL 33150
Director	Ana Castillo	292 NW 103 St	MIAMI FL 33150
Director	Emilie Louis	290 NW 103 St	MIAMI FL 33150
	1338.75-Adm		
	61.25-AK		

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***1400.00 ***1400.00

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:

Smitten Buitrago

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-01

Date

305-670-6750

Daytime Phone #

CR2E081 (9/99)