


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 716782

1. Corporation Name

STAR MERIDIAN CONDOMINIUM, INC.

Principal Place of Business

528 MERIDIAN AVENUE  
MIAMI BEACH FL 33139  
US

Mailing Address

C/O ACTION GENERAL SERVICES  
P.O. BOX 110548  
HIALEAH FL 33011-0548  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/24/1969

5. FEI Number

59-1441200

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
PD	<del>MANRIQUE, RAFAEL J</del> RAFAEL DIAZ	528 MERIDIAN AVE #200-#502	MIAMI BEACH FL 33139
SD	<del>RODRIGUEZ, FRANK</del> LILIANA HERRERA	<del>1240-1471 ST #110</del> 528 MERIDIAN AVE #405	MIAMI BEACH FL 33139
VP D	<del>MOLINER, JOSE L</del> MILA GROSAGUERRA	<del>930 WREN AVE</del> 528 MERIDIAN AVE	MIAMI SPRING FL 33139 MIAMI BEACH, FL 33139
TD	<del>HERBERA, LILIANA</del> HENRY BACHA	<del>10351 N.W. 12TH ST.</del> 528 MERIDIAN AVE #308	HIALEAH GARDENS FL 33018 MIAMI BEACH, FL 33139
D	<del>ZUBERE, INGRID</del>	1045 16TH ST UNIT 607	MIAMI BEACH FL 33139
D	<del>COHEN, RENE</del>	528 MERIDIAN AVE #101	MIAMI BEACH FL 33139

8. Name and Address of Current Registered Agent

~~MANRIQUE, RAFAEL J~~  
528 MERIDIAN AVE  
APT. 203  
MIAMI BEACH FL 33139

Ular Property Mng  
305 ALCAZAR AVE  
CORAL GABLES, FL 33134

9. Name and Address of New Registered Agent

Name: Ular Property Mng, Inc.  
Street Address (P.O. Box Number is Not Acceptable): 305 ALCAZAR AVE  
Suite, Apt. #, Etc.: CORAL GABLES  
City: 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

*Rafael Diaz*

REGISTERED AGENT MUST SIGN

Date

11/12/01

11. 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:

*Rafael Diaz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 NOV 30 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2040 (8/01)