

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 13 PM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N97000005435

1. Corporation Name

Island Shores Condominium
Association, Inc.

REINSTATEMENT 02

100008969351
11/13/02--01053--018 **236.25

2. Principal Office Address

306 ALCAZAR AVE

3. Mailing Office Address

306 ALCAZAR AVE

Suite, Apt. #, etc.

Suite 303

Suite, Apt. #, etc.

Suite 303

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/22/97

5. FEI Number

593502796

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

Steven A. Fein, Esq.

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

900 South State Rd 7

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33317

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

Steven A. Fein

Date 10/30/02

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
P	CARMEN CANDELA RIA	2903 N. Miami Beach Blvd	N. Miami Beach, FL
V.P	RICK VARGAS	2903 N. Miami Beach Blvd	N. Miami Beach, FL
Sec	Sandra Pacheco	2903 N. Miami Beach Blvd	N. Miami Beach, FL
Treas	Wendy Nin	2903 N. Miami Beach Blvd	N. Miami Beach, FL
D	Georgia Herrera	2903 N. Miami Beach Blvd	N. Miami Beach, FL
D	Yolanda Canal	2903 N. Miami Beach Blvd	N. Miami Beach, FL
O	Carlos Morales	2903 N. Miami Beach Blvd	N. Miami Beach, FL

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:

CARMEN CANDELA RIA - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-6-02

Daytime Phone #

805-
944-1797

CR2E081 (9/01)