

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 132

FILED

04 MAR 23 PM 3:25

ALLAHASSEE, FLORIDA

600030903096

03/23/04--01026--019 \*\*1460.00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 710583

**1. Corporation Name**

1820 JAMES AVENUE, INC. A CONDOMINIUM

**2. Principal Office Address**

1820 JAMES AVENUE

**3. Mailing Office Address**

1820 JAMES AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FLORIDA

City & State

MIAMI BEACH, FL

Zip

33139

Country

MIAMI-DADE

Zip

33139

Country

MIAMI-DADE

**4. Date Incorporated or Qualified  
To Do Business in Florida**

MARCH 25, 1966

**5. FEI Number**

59-1153744

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

EVELIO SALA

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

1820 JAMES AVENUE

Suite, Apt. #, Etc.

APT. 3D

City

MIAMI BEACH

State  
FL

Zip Code

33139

**REINSTATEMENT** 84-04

**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

*Evelio Sala*

REGISTERED AGENT MUST SIGN

Date

March 19, 2004

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

7 DIRECTORS

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	EVELIO SALA	1820 JAMES AVENUE # 3D	MIAMI BEACH, FL 33139
T/D	FELIX M. VALIDO	1820 JAMES AVENUE # 2B	MIAMI BEACH, FL 33139
S/D	LILIANA IVEZIC	1820 JAMES AVENUE # 6A	MIAMI BEACH, FL 33139
D	OLGA FRAGA	1820 JAMES AVENUE # 5B	MIAMI BEACH, FL 33139
D	MARIA C. CARMONA	1820 JAMES AVENUE # 2D	MIAMI BEACH, FL 33139
D	MARCELO JUAN HERNANDEZ	1820 JAMES AVENUE # 4C	MIAMI BEACH, FL 33139

**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:

*Evelio L. Sala*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

March 19, 2004

Daytime Phone

305-673-6345

CR2ED01 (01/04)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HORACE A. BANBURY	1820 JAMES AVENUE SE	MIAMI BEACH, FL 33139

Attachment 2

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1820 James Avenue 3D  
Miami Beach Fl. 33139

1820 JAMES AVENUE INC  
Miami Beach, Fl. 33139

Friday, March 19, 2004  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Dear Sir:

Subject:

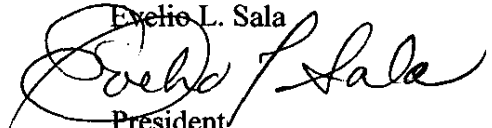
Upon carefully reviewing our records, we have not found any evidence of ever receiving the Uniform Business Report form.

We are submitting a request for reinstatement as well as a waiver of the fee.

Enclosed is a completed Corporation Reinstatement Application and a check for \$ 1,460.0.

Respectfully yours,

Evelio L. Sala

A handwritten signature in cursive script, appearing to read 'Evelio L. Sala', written over the printed name.

President

1820 James Avenue INC