

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 31 PM 4:12

DOCUMENT # 748535

1. Corporation Name

Spanish Trace Condominium Assoc. Inc

2. Principal Office Address

10766 North Kendall Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

10766 North Kendall
Suite, Apt. #, etc.

REINSTATEMENT 04-05

City & State

Miami Florida

City & State

Miami Florida

Zip

33176

Country

USA

Zip

33176

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/15/1979

5. FEI Number

59-1943668

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

ROBERT A. DUGGER, SR

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

7953 NW 53rd ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 1/24/05

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 | Randolph Schlee | 10812 N. Kendall Dr. Q-25 | Miami, Florida 33176 |
| VP | Orlando Rios | 10798 N. Kendall Dr. A-3 | Miami, Florida 33176 |
| S | Caroline Haleby | 10768 N. Kendall Dr. H-9 | Miami, Florida 33176 |
| T | Kenneth Karger | 10776 N. Kendall Dr. F-18 | Miami, Florida 33176 |
| | | | |
| | | | |

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/2005

Daytime Phone #

CR2001 (01/04)