

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV -5 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10-16-09 01037 001 361.25
REINSTATEMENT 2009
CR2009 (12/08)

DOCUMENT #

1. Corporation Name
FOUR PARNER'S CONDOMINIUM
Ref. # 716223

2. Principal Office Address - No P.O. Box #
601-85 ST # 1

3. Mailing Office Address
601-85 ST # 1

Suite, Apt. #, etc.
APT # 1

Suite, Apt. #, etc.
APT # 1

City & State
MIAMI BEACH, FLA MIAMI BEACH, FLA

Zip Country
33141 DADE

Zip Country
33141 DADE

4. Date Incorporated or Qualified
To Do Business in Florida **4-13-1969**

5. FEI Number **65-0043651**
 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 **FERMIN COTERA - 601-85 ST # 1**
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. **APT # 1**
City **Miami Beach** State **FL** Zip Code **33141**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **Fermin Cotera** Date **11-02-09**
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.P.	FERMIN COTERA	601-85 ST St. APT#1	MIAMI BEACH FLA
T.	SILA COTERA	601-85 St, # 3	MIAMI BEACH. FLA
S.	FERMIN. R. COTERA.	601-85 St. #4.	MIAMI BEACH.
V.	ANTONIO CORO.	601-85 St. # 2.	MIAMI BEACH

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 contained in Chapter 119, 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: **Fermin Cotera** Date **11-02-09-09:21** Daytime Phone # **(305) 867**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten initials