

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 29 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000006396

1. Corporation Name

Emerald Plaza On Coral Way Condominium Association, Inc.

2. Principal Office Address - No P.O. Box #

5618 Hollywood Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

5618 Hollywood Blvd.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33021

Country

USA

Zip

33021

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/2007

5. FEI Number

26-1297747

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

David Schlosberg

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

2828 Coral Way

Suite, Apt. #, Etc.

Suite 530

City

Miami

State

FL

Zip Code

333145

☐ 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:

REGISTERED AGENT MUST SIGN

Date March 17, 2010

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/D	Juan Gomez	5618 Hollywood Blvd.	Hollywood, FL 33021
VP/D	Luis Diz	5618 Hollywood Blvd.	Hollywood, FL 33021
VP/D	David Schlosberg	5618 Hollywood Blvd.	Hollywood, FL 33021
T/D	Javier Sosa	5618 Hollywood Blvd.	Hollywood, FL 33021
S/D	Taide Baez 03/30	5618 Hollywood Blvd.	Hollywood, FL 33021

10. E-mail Address: dschlosberg@totalbank.com

(To be used for future annual report notification)

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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Schlosberg

03/17/2010 (305) 476-6269

Date

Daytime Phone #