

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 17 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N58000003356

1. Corporation Name

1005 MERIDIAN
CONDOMINIUM ASSOC

2. Principal Office Address

1005 MERIDIAN AVE

Suite, Apt. #, etc.

City & State

Miami Beach

Zip

FL

Country

USA

3. Mailing Office Address

723 14th PL #9

Suite, Apt. #, etc.

City & State

Miami Beach FL

Zip

33139

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/98

5. FEI Number

650856485

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

Blue Sky Real Estate Management

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

723 14th PL #9

Suite, Apt. #, Etc.

Miami Beach, FL

City

33139

State

FL

Zip Code

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

Maxwell Steiner, CAM

REGISTERED AGENT MUST SIGN

Date 03/11/2003

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 |
|--------|---|---|--------------------|
| D | Gregori Kerrigan 6740 HARDING AVE #9 MIAMI BEACH FL 33141 | | |
| D | George Fernandez | 1005 MERIDIAN AVE #8 MIAMI BEACH FL 33139 | 33139 |
| D | ULRIKA WITTE | 1005 MERIDIAN AVE #16 MIAMI BEACH FL 33139 | 33139 |
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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:

Gregori Kerrigan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregori Kerrigan, Director

Date

3/11/03

Daytime Phone #

305 442 8220

CR2E081 (10/02)