

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -8 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NA7000003525

1. Corporation Name

Lorena Owners Condominium Association Inc

2. Principal Office Address

840 10th Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 190 218

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139-8446

Country

U.S.A

City & State

Miami Beach, FL

Zip

33139-0218

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

June 18, 1997

5. FEI Number

65-0991219

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

3/28/03 01054 005 23625

0203 JMM

7. Name and Address of Current Registered Agent

Name

Michael P. Marcel

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

840 10th Street apt. # 12

Suite, Apt. #, Etc.

12

City

Miami Beach

State

FL

Zip Code

33139-8446

3/28/03 01054 006-7000

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

M. P. Marcel

Date February 28, 2003

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
<u>P-D</u>	<u>Maria V. Marcel</u>	<u>840 10th Street #12</u>	<u>Miami Beach, FL 33139</u>
<u>T-D</u>	<u>Theodore Dargan</u>	<u>830 10th Street #3</u>	<u>Miami Beach, FL 33139</u>
<u>S-D</u>	<u>Noel Lanzas</u>	<u>830 10th Street #4</u>	<u>Miami Beach, FL 33139</u>

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:

Maria V. Marcel

February 28, 2003

305 672 6651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)