

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 15 PM 3:37

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 744219

1. Corporation Name

ANA TOWERS CONDOMINIUM #1, INC.

REINSTATEMENT 86-03

2. Principal Office Address

739 11TH ST

Suite, Apt. #, etc.

# 10

City & State

MIAMI BEACH, FL

Zip

33139

Country

3. Mailing Office Address

P.O. Box 402326

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33140

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/8/78

5. FEI Number

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

JOHN DENNETT

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

518 NE 72 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33138

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]*

Date 4/17/03

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/D	DAN MASSINGALE	711 JEFFERSON AVE #1	MIAMI BEACH, FL 33139
ST/D	MAGALY COTO	711 JEFFERSON AVE #4	MIAMI BEACH, FL 33139
VP/D	MARIA RODRIGOS	711 JEFFERSON AVE #2	MIAMI BEACH, FL 33139

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]*

DAN MASSINGALE

Date

4/17/03

Daytime Phone #

305-532-7878

CR2E081 (10/02)

9/5/22