

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -8 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750424

1. Corporation Name
Kings Creek South Condominium Inc.
7735 SW 86 ST.
Miami, FL 33143.

REINSTATEMENT 03

600025313036

12/08/03--01015--023 **236.25

2. Principal Office Address
7735 SW 86 ST

3. Mailing Office Address
7735 SW 86 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Miami, FL.

Zip

33143

Country

U.S.

Zip

33143

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida 12/28/1979

5. FEI Number

592084295

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

SKRLD, Inc.

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

201 Alhambra Circle

Suite, Apt. #, Etc.

#1102

City

Coral Gables.

State

FL

Zip Code

33134

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

SKRLD, Inc. by Lisa A. Lerner *Lerner* Secretary Date 12/1/03

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
Pres.	Thomas Brann	7757 SW 86 ST C-414	Miami, FL 33143
V.P.	Hector Sanchez	4779 Collins Ave #1605	Miami Beach, FL 33140
Sec.	Isabell Arant	7715 SW 86 ST A2-203	Miami, FL 33143
Treas.	Delmar Ray Fugua	7757 SW 86 ST C-318	Miami, FL 33143

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/03 - 271-8672.
Date Daytime Phone #

CR2E081 (10/02)

7