

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 17 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708251

1. Corporation Name

SUNDIAL CONDOMINIUM, INC

REINSTATEMENT

CR2E081 (12/05)

2. Principal Office Address

8420 BYRON AVE

Suite, Apt. #, etc.

9

City & State

MIAMI BEACH

Zip

33141

Country

3. Mailing Office Address

8420 BYRON AVE

Suite, Apt. #, etc.

9

City & State

MIAMI BEACH

Zip

33141

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1964

5. FEI Number

59-1297458

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MIRIAM LUGO

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

8420 BYRON AVE

Suite, Apt. #, Etc.

#9

City

MIAMI BEACH

State
FL

Zip Code

33141

600080930016

10/17/06-01050-013-*238.25**

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

Miriam Lugo

Date

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	SANCHEZ ANA M.	8420 BYRON AVE #8	MIAMI BEACH FL 33141
VP	LUCIEN LEROY	8420 BYRON AVE # 11	MIAMI BEACH FL 33141
T	MIRIAM LUGO	8420 BYRON AVE # 9	MIAMI BEACH FL 33141

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 contained in Chapter 119, 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

Sanchez Ana SANCHEZ ANA

Date

10-9-06 305-866-6832

Daytime Phone #

2c 10/24