

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709347

1. Corporation Name

Nautilus Towers, Inc., A Condominium

2. Principal Office Address - No P.O. Box #

4142 N. Jefferson Ave

Suite, Apt. #, etc.



City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Office Address

1/2 Keystone Prop. Mgmt

Suite, Apt. #, etc.

P.O. Box 402336

City & State

Miami Beach, FL

Zip

33140-0336

Country

USA

7. Name and Address of Current Registered Agent

Name

Joan Bennett

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

763 41st St.

Suite, Apt. #, Etc.

Suite C

City

Miami Beach

State

FL

Zip Code

33140

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

Joan Bennett
REGISTERED AGENT MUST SIGN

Date

5/19/09

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	Miguel A. Guerendian	4142 N. Jefferson Ave #3A	Miami Beach, FL 33140
Sec/Treas	Bertha Flynn	4142 N. Jefferson Ave #4B	" " " "
Vice Pres	Esmeralda Gomez	4142 N. Jefferson Ave #6D	" " " "
D	Calixto Garcia	8942 Garland Ave	Surfside, FL 33154-3328
D	Jorge A. Estebanez	4142 N. Jefferson Ave #5B	Miami Beach, FL 33140

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:

Jorge A. Estebanez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-19-09

Daytime Phone #

305 532 7528

FILED

09 MAY 21 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600156279736
05/21/09--01032--007 ***420.00

REINSTATEMENT 06-09

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/22/65

5. FEI Number

59-1578996

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

5/22/09