

**2008 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT**

FILED

08 MAY -2 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04282008 REIN-NP CR2E099 (1/07)

4. FEI Number
59-1115488Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**6. Name and Address of Current Registered Agent**MUSICO, BERNICE
3720 ARBOR DRIVE #108
MIRAMAR, FL 33023

FL

Zip Code

FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.Make check payable to
Florida Department of State**10. OFFICERS AND DIRECTORS**

TITLE	SD	<input type="checkbox"/> Delete
NAME	ALLEN, DOROTHY	
STREET ADDRESS	6720 ARBOR DRIVE # 207	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUCICO, BERNICE	
STREET ADDRESS	6720 ARBOR DR #108	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	BM	<input type="checkbox"/> Delete
NAME	MUSECO, BERNICE	
STREET ADDRESS	6720 ARBOR DR. #108	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	BM	<input type="checkbox"/> Delete
NAME	ALTQUELLA, TERESA	
STREET ADDRESS	6720 ARBOR DR., #109	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALTAVILLA, TERESA	
STREET ADDRESS	6720 ARBOR DR 109	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	04/09/07 90053 007 #61.25	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500129234265	
STREET ADDRESS	05/14/08--01006--002 **61.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bernice Musico
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FIRST MIRAMAR CONDO
Register QuickReport
April 1, 2007 through April 28, 2008

Type	Date	Num	Memo	Account	Clr	Split	Amount
Florida Department of State							
Bill Pmt -Check	04/01/2007	2998	DOC 709414	1000 - Washintong ...	X	2000 - Accoun...	-61.25
Bill Pmt -Check	04/28/2008	3079	RENEWAL OF COR...	1000 - Washintong ...		2000 - Accoun...	-61.25
Total Florida Department of State							-122.50
TOTAL							-122.50

The check for 2007

did clear our bank.

ck# 2998 4/07