

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 SEP 26 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 710738

1. Corporation Name

Southern Classic Condominium

2. Principal Office Address

1140-71ST

Suite, Apt. #, etc.

Apt. 2

City & State

MIAMI BEACH

Zip

33141

Country

FL

3. Mailing Office Address

Suite, Apt. #, etc.

James

City & State

Zip

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

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

PAUL DELA TORRE

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

1140-71ST

Suite, Apt. #, Etc.

Apt. 2

City

MIAMI BEACH, FL. 33141

State

FL

Zip Code

33141

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

*Paul Dela Torre*

REGISTERED AGENT MUST SIGN

Date

9/22/2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| Pres.  | Yolanda Zamora                       | 1140-71ST - Apt. 6                                | MIAMI BEACH, FL. 33141 |
| Treas. | PAUL DELA TORRE                      | 1140-71ST - Apt. 2                                | MIAMI BEACH, FL. 33141 |
| Secs.  | LAZ DELA TORRE                       | 1140-71ST - Apt. 1                                | MIAMI BEACH, FL. 33141 |
|        |                                      |   |                        |
|        |                                      | <i>\$19/27</i>                                    |                        |
|        |                                      |   |                        |

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:

*Paul Dela Torre* (TREASURER)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/22/2006

Daytime Phone #

305/865-0719