

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 03, 2005 8:00 A.M.
Secretary of State

DOCUMENT # 715311

1. Corporation Name

1401 Euclid Condominium
Association, Inc.

2. Principal Office Address

1401 Euclid Avenue

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

3550 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 401

City & State

Miami, Florida

Zip

33137

Country

USA

REINSTATEMENT 02-05

05/31/05 01066 009 4530

CR2E081 (8/05)

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

5. FEI Number

59-1712166

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

Complete Property Management

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

3550 Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 401

City

Miami

State

FL

Zip Code

33137

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

[Signature]

Date Oct. 31, 2005

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	Brigit Walters	1401 Euclid Ave #403	Miami Beach, FL 33139
S	Humberto Alvarez	1401 Euclid Ave #402	Miami Beach, FL 33139
T	David Shimko	1401 Euclid Ave #304	Miami Beach, FL 33139

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct. 31, 2005 (305) 756-9007

Daytime Phone #