

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 MAR 18 AM 7:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 715382**

1. Corporation Name

Alton Condominium, Inc.

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

1200 14th Street

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/09/1968

5. FEI Number

591292899

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

Enrique Santamaria

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

1200 14th Street

Suite, Apt. #, Etc.

Unit 4A

City

Miami Beach

State

FL

Zip Code

33139

☒ 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.

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

*Enrique Santamaria*  
REGISTERED AGENT MUST SIGN

Date 03/10/2008

**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	Enrique Santamaria	1200 14th Street #4A	Miami Beach, FL 33139
VP	Porfiro Pino	1200 14th Street #6A	Miami Beach, FL 33139
T	Mario Hurtado	1200 14th Street #2E	Miami Beach, FL 33139
S	Armando Gomez	1200 14th Street #4D	Miami Beach, FL 33139
BM	Santiago Ruiz	1200 14th Street #6D	Miami Beach, FL 33139

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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:

*Armando Gomez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2008

305-532-6129

Date

Daytime Phone #

B. Mitchell MAR 18 2008