

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2016 APR -5 PM 1:29

**DOCUMENT #**

1. Corporation Name

217063  
Three Horizons North  
Condominium, Inc.

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

1470 NE 125<sup>th</sup> Terrace

Suite, Apt. #, etc.

#605

City & State

North Miami, FL

Zip

33161

Country

USA

3. Mailing Office Address

1470 NE 125<sup>th</sup> Terrace

Suite, Apt. #, etc.

#605

City & State

North Miami, FL

Zip

33161

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

8/28/1969

5. FEI Number

59-1359665

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

Ray Strauss, P.A.

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

17270 NE 19<sup>th</sup> Avenue

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33162

200284221352  
04/05/16--01011--028 \*\*\*236.25

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

Ray Strauss

REGISTERED AGENT MUST SIGN

Date

3/15/2016

**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	Dennis Villon	1470 NE 125 <sup>th</sup> Terrace	North Miami, FL 33161
VP	Sean Baltagi	1470 NE 125 <sup>th</sup> Terrace	North Miami, FL 33161
T	Judy Heisler	1470 NE 125 <sup>th</sup> Terrace	North Miami, FL 33161
S	Matias Berrondo	1470 NE 125 <sup>th</sup> Terrace	North Miami, FL 33161
D	Armando Martin	1470 NE 125 <sup>th</sup> Terrace	North Miami, FL 33161

10. E-mail Address: 3HorizonsNorth@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Dennis Villon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2016

Date

Daytime Phone #

347-563-3431