

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP -9 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721118

1. Corporation Name

GEMINI SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

14310 N.E. 5TH PLACE #2
NORTH MIAMI FL 33161
US

Mailing Address

14310 N.E. 5TH PLACE #2
NORTH MIAMI FL 33161
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

COUNTRY

SAME

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

COUNTRY

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/1971

5. FEI Number

59-1468217

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VPT	WALKER, EDWARD	14310 NE 5 PLACE #3	NORTH MIAMI FL 33161
D	YOUNG, WANDA	14310 NE 5 PLACE #4	MIAMI FL 33161
PT	KUTIL, INGRID	14310 N.E. 5TH PLACE, # 2	NORTH MIAMI FL 33161
D	COREIO, AILETTE	14310 NE 5 PLACE #1	MIAMI FL 33161

8. Name and Address of Current Registered Agent

KUTIL, INGRID
14310 N.E. 5TH PLACE #2
NORTH MIAMI FL 33161

9. Name and Address of New Registered Agent

Name

NA

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

NA

Suite, Apt. #, Etc.

NA

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Ingrid Kutil

REGISTERED AGENT MUST SIGN

Date

08-07-02

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., 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

INGRID KUTIL

President

08-07-02 305-949-4246

CR2E040 (8/01)