PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2018 APR 19 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721594

1. Corporation Name

DIXIE GARDENS CONDOMINIUM ASSOCIATION, INC.

900312295799
04/19/18--01019--001 **271.25

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1230 NE 139 STREET	8004 NW 154 STREET
Suite, Apt. #, etc	Suite, Apt. #, etc
	STE 356
City & State	City & State
NORTH MIAMI, FL	MIAMI LAKES, FL
Zip / Country	Zip / Country
33161 / USA	33016 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/27/1971

5. FEI Number: 59-1452799 ☐ 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: BASULTO ROBBINS & ASSOCIATES, LLP

Street Address (P.O. Box Number is Not Acceptable): 14160 NW 77 COURT

Suite, Apt. #, Etc: STE 22

City: MIAMI LAKES | State: FL | Zip Code: 33016

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 _____ Date 04/12/2018

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
PRES	HURTADO, JOHANNA	1230 NE 139 STREET	NORTH MIAMI, FL 33161
DIR	LOBRIO, TERESITA	1230 NE 139 STREET	NORTH MIAMI, FL 33161
DIR	VALLEY, RAFAEL	1230 NE 139 STREET	NORTH MIAMI, FL 33161
			APR 20 2018

10. **E-mail Address:** SUPPORT@ARDENTPG.COM C SNEAL

(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: _____ Basulto Robbins P.A. 04/12/2018 305-563-7677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #