

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 MAR 29 AM 10:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 722162 (5)

1. Corporation Name

755 Building Condominium, Inc.

2. Principal Office Address

755 S.W. 6th STREET

Suite, Apt. #, etc.

APT. # 16-A

City & State

Miami, FL

Zip

33130

Country

U.S.A

3. Mailing Office Address

755 S.W. 6th STREET

Suite, Apt. #, etc.

APT. # 16-A

City & State

Miami, FL

Zip

33130

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1971

5. FEI Number

65-0050182

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

Elsa CARASUSAN

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

755 S.W. 6th STREET APT. #11

Suite, Apt. #, Etc.

APT. # 11

City

Miami

State
FL

Zip Code

33130

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

Elsa Carasusan

Date

3/26/2001

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	Ane Lola codho	755 S.W. 6 th St. #15	Miami, FL 33130
D	LYDIA F. Jon	755 S.W. 6 th St. #16	Miami, FL 33130
D	Dulce Lopez	755 S.W. 6 th St. #3	Miami, FL 33130
V	Omar Rodriguez	755 S.W. 6 th St. #7	Miami, FL 33130
TSD	ELSA CARASUSAN	755 S.W. 6 th St. #11	Miami, FL 33130
D	Haydee Grenet	755 S.W. 6 th St. #10	Miami, FL 33130

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:

Elsa Carasusan

ELSA CARASUSAN

3/26/2001 (305) 858-2108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)