

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 23 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725532

1. Corporation Name

Rittenhouse Square Condominium, Inc.

2. Principal Office Address

6215 SW 78 Street

Suite, Apt. #, etc.

City & State

South Miami, Florida

Zip
33143

Country
USA

3. Mailing Office Address

6215 SW 78 Street

Suite, Apt. #, etc.

City & State

South Miami, Florida

Zip
33143

Country
USA

REINSTATEMENT

CRZE081 (12/05)

76-06

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/1973

5. FEI Number

65-0756870

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

Lisa R. Carstarphen

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

7548 SW 58 Avenue

Suite, Apt. #, Etc.

City

South Miami

State
FL

Zip Code
33143

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

Lisa R. Carstarphen

REGISTERED AGENT MUST SIGN

Date August 22, 2006

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
D,P	Peter Jude	8325 SW 62 Avenue	Miami, FL 33143
D,VP	Lisa Carstarphen	7548 SW 58 Avenue	Miami, FL 33143
D,S	Linda Reynolds	6221 SW 78 Street	Miami, FL 33143
T	John Kappas	6215 SW 78 Street	Miami, FL 33143

700079125557
08/25/06--01029--014 **2135.00

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:

Lisa R. Carstarphen

Lisa R. Carstarphen, Vice President

August 22, 2006 (954) 883-1025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/23/06