


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 FEB -7 AM 1:42

REINSTATEMENT 2012

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 725749

1. Corporation Name  
Marbella Apartments Condo Association, Inc.

2. Principal Office Address - No P.O. Box # <u>900 SW 84 Ave</u>		3. Mailing Office Address <u>46 PMS 8299 Coral</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>WAY</u>	
City & State <u>Miami FL</u>		City & State <u>Miami FL</u>	
Zip <u>33144</u>	Country <u>USA</u>	Zip <u>33155</u>	Country <u>USA</u>

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
591462704  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  
Property Management Services

Street Address (P.O. Box Number is Not Acceptable)  
8299 Coral Way

Suite, Apt. #, Etc.

City  
Miami State FL Zip Code 33155

000220772910  
02/07/12--01022--016 \*\*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 [Signature] Date \_\_\_\_\_  
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	<u>Adner Diaz</u>	<u>8299 Coral Way</u>	<u>Miami FL 33155</u>
T	<u>Luis Rodriguez</u>	<u>8299 Coral Way</u>	<u>Miami, FL 33155</u>
S	<u>German Menendez</u>	<u>8299 Coral Way</u>	<u>Miami, FL 33155</u>
D	<u>Mayelin Alvarez</u>	<u>8299 Coral Way</u>	<u>Miami, FL 33155</u>

10. E-mail Address: marbellapm@yahoo.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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Phone # \_\_\_\_\_

FEB 07 2012  
CLERK