

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 SEP 11 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

000007733090--0
-09/13/02--01044--022
****979.00 ****979.00

REINSTATEMENT 90-02

DOCUMENT #

726519

1. Corporation Name

7125 DICKENS AVE CONDO ASSOCIATION

2. Principal Office Address

7125 DICKENS AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

City & State

MIAMI BEACH

City & State

Zip

Country

33141

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

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

JULIO ALVAREZ

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

7125 DICKENS AVE

Suite, Apt. #, Etc.

3

City

MIAMI BEACH

State

FL

Zip Code

33141

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

REGISTERED AGENT MUST SIGN

Date

8-19-02

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	JULIO ALVAREZ	7125 DICKENS AVE #3	MIAMI BEACH, FL 33141
T/VP	NATIVIDAD RODRIGUEZ	7125 DICKENS AVE #2	MIAMI BEACH, FL 33141
T/S	CARMEN CASTELLANOS	7125 DICKENS AVE #6	MIAMI BEACH, FL 33141

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-19-02

305/861-8547