

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

06 AUG 18 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 726683

1. Entity Name  
CRYSTAL CONDOMINIUM APTS. INC



Principal Place of Business  
30 SE FOURTH AVENUE  
HALLANDALE, FL 33009

Mailing Address  
C/O ASSOCIATION MGMT GR INC  
500 W CYPRESS CREEK RD., #230  
FT LAUDERDALE, FL 33309 US

**REINSTATEMENT**

05-06 RSC



2. Principal Place of Business

3. Mailing Address

C/O STATE REALTY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5505 Pembrooke Rd

City & State

City & State

Hollywood FL

Zip

Country

Zip

Country

33021

07252006

REIN-NP

CR2E099 (11/05)

4. FEI Number  
59-1755409

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KREMEN, CARINA  
C/O ASSOCIATION MANAGEMENT GROUP  
500 WEST CYPRESS CREEK, #230  
FORT LAUDERDALE, FL 33309

Name

STATE REALTY

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

5505 Pembrooke Rd

City

Hollywood

FL

Zip Code

33021

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE  
7-25-2006

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME PD  
BLOSS, MICHAEL  
STREET ADDRESS  
30 SE 4TH AVE., APT 204  
CITY-ST-ZIP  
HALLANDALE, FL 33009 ☒ Delete

TITLE  
NAME T  
PAT RA990  
STREET ADDRESS  
30 SE 4 AVE #102  
CITY-ST-ZIP  
HALLANDALE FL 33309 ☒ Change ☐ Addition

TITLE  
NAME VD  
HANKIN, RONALD  
STREET ADDRESS  
30 SE 4TH AVE., APT 204  
CITY-ST-ZIP  
HALLANDALE, FL 33009 ☒ Delete

TITLE  
NAME SEC  
MIRIAM HERNANDEZ  
STREET ADDRESS  
30 SE 4 AVE #104  
CITY-ST-ZIP  
HALLANDALE FL 33309 ☒ Change ☐ Addition

TITLE  
NAME V.P.D  
MICHAEL, CATHERINE  
STREET ADDRESS  
30 SE 4 AVE. UNIT 204-205  
CITY-ST-ZIP  
HALLANDALE, FL 33009 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME PRESIDENT  
AVERSA, PAUL  
STREET ADDRESS  
30 SE 4TH AVE APT 204  
CITY-ST-ZIP  
HALLANDALE, FL 33009 ☐ Delete

TITLE  
NAME (DIRECTOR) CATHERINE MICHAEL  
STREET ADDRESS  
30 SE 4 AVE 205  
CITY-ST-ZIP  
HALLANDALE FL 33009 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MIRIAM HERNANDEZ  
Miriam Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/06  
Date

(305) 808-9394  
Daytime Phone

Document corrected per miriam Hernandez. RSC