

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

97 JUL 22 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729946

1. Corporation Name

THE 100 DOUGLAS OFFICE
CONDOMINIUM ASSOCIATION, INC.

WAF-11160

Principal Place of Business

Mailing Address

100 N.W. 37th Avenue
Suite 500
Miami, Florida 33125

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
100 N.W. 37th Ave.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
Suite 500

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

Zip
33125

Country

Dade

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-10-74

5. FEI Number

59-1572448

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

REINSTATEMENT 95-97

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
STD	JULIO C. ALONSO	100 N.W. 37th Ave. #500	Miami, Florida 33125
D	SAVERIO SIMONE	100 N.W. 37th Ave.	Miami, Florida 33125
D	LEOPOLD BUNTINX	100 N.W. 37th Ave.	Miami, Florida 33125
DP	RICHARD TOBIN	100 N.W. 37th Ave.	Miami, Florida 33125
D	ELENA DIMARCO	100 N.W. 37th Ave.	Miami, Florida 33125

600002251716-7
-07/29/97-01134-013
****358.75 ****358.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARVEY MUSKAT
3225 Aviation Ave. #500
Miami, Fl.

Name

JULIO C. ALONSO

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

100 N.W. 37th Avenue, #500

Suite, Apt. #, Etc.

Suite 500

City

Miami

State

FL

Zip Code

33125

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Julio C. Alonso

REGISTERED AGENT MUST SIGN

Date

7-8-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Julio C. Alonso

Julio C. Alonso, Sec. 7-8-97 (305) 649-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #