

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 APR -7 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 731060

1. Corporation Name

Mundi Condominium Association, Inc.

2. Principal Office Address  
2261 NW 1 St

Suite, Apt. #, etc.

City & State  
Miami, FL

Zip  
33125

Country  
USA

3. Mailing Office Address  
2261 NW 1 St

Suite, Apt. #, etc.

City & State  
Miami, FL

Zip  
33125

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 10/30/1974

5. FEI Number  
01-0861410

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

79-06

7. Name and Address of Current Registered Agent

Name

Niolan G. Lopez

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

2261 NW 1 St

Suite, Apt. #, Etc.

City

Miami, FL 33125

State  
FL

Zip Code  
33125

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 4-3-2006

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
Pres.	Mirelles B. Williams	2007 NW 29 St., #1	Miami, FL 33142
Tres.	Niolan G. Lopez	2261 NW 1 St	Miami, FL 33125
Sec.	Maria L. Fernandez	2007 NW 29 St., #5	Miami, FL 33142

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-2006 785 210 1122