

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JAN 28 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 731782**

1. Corporation Name

GOLDEN GLADES OFFICE PARK CONDOMINIUM ASSOCIATION SECTION II, INC.

2. Principal Office Address - No P.O. Box #

780 NW 42 Ave.

Suite, Apt. #, etc.

Suite 400

City & State

Miami,  
Florida

3. Mailing Office Address

780 NW 42 Ave.

Suite, Apt. #, etc.

Suite 400

City & State

Miami,  
Florida

Zip

33126

Country

USA

Zip

33126

Country

USA

300167445803

01/28/10--01004--022 \*\*560.00

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 2/3/1975

5. FEI Number

591667965

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

INTERAMERICAN CORPORATE SERVICES LLC

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

2525 PONCE DE LEON BLVD

Suite, Apt. #, Etc

SUITE 1225

City

CORAL GABLES

State

FL

Zip Code

33134

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

By:

Marco Ferri, Manager

Date

1/28/10

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
D/P	Pedro J. Max	780 NW 42 Ave., Suite 400	[REDACTED]
D/S	Carlos Sandino	780 NW 42 Ave., Suite 400	[REDACTED]
D/V	Justin Reay	780 NW 42 Ave., Suite 400	[REDACTED] 4
			Miami, FL 33126
<b>REINSTATEMENT</b>			
		<b>RR</b>	

10. E-mail Address: csandino@oceanbank.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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/10

Daytime Phone #

(305) 569-5996