

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**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

[REDACTED] Miami, Florida

Zip

[REDACTED] 33126

Country

USA

3. Mailing Office Address

780 NW 42 Ave.

Suite, Apt. #, etc.

Suite 400

City & State

[REDACTED] Miami, Florida

Zip

[REDACTED] 33126

Country

USA

**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

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:

*[Signature]*

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>RH</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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/10 (305) 569-5996

Daytime Phone #

**FILED**

10 JAN 28 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

☒ 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.