

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 734144

1. Corporation Name

Miami Paradise Condominium Association, Inc.

2. Principal Office Address

495 N.W. 72nd Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip  
33126

Country  
USA

3. Mailing Office Address

7270 N.W. 12th St.

Suite, Apt. #, etc.

Penthouse 9

City & State

Miami, FL

Zip  
33126

Country  
USA

FILED

06 DEC -4 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT  
CR2E081 (12/05) 1976-2006

4. Date Incorporated or Qualified  
To Do Business in Florida

10/22/75

5. FEI Number

☒ 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  
Ricardo A. Gonzalez & Associates, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
7270 N.W. 12th Street

Suite, Apt. #, Etc.  
Penthouse 9

City  
Miami

State  
FL

Zip Code  
33126

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 11-29-06

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
P	Carlos Rosado	495 N.W. 72 Ave.	Miami, FL 33126
V	Carlos Rosado	495 N.W. 72 Ave.	Miami, FL 33126
S	Carlos Rosado	495 N.W. 72 Ave.	Miami, FL 33126
T	Carlos Rosado	495 N.W. 72 Ave.	Miami, FL 33126

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 #

11/30/06 (305) 267-2120

B. Mitchell DEC - 4 2006