PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY -5 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900054513409
05/13/05--01053--010 **358.75

REINSTATEMENT 03-05

DOCUMENT # 737041

1. Corporation Name: The 514 SANTANDER Condominium Association Inc.

2. Principal Office Address	3. Mailing Office Address
514 SANTANDER AVENUE	2080 NW 191 AVENUE
Suite, Apt. #, etc.: APT. 5	Suite, Apt. #, etc.:
City & State: CORAL GABLES, FL	City & State: PEMBROKE PINES, FL
Zip: 33134 Country: USA	Zip: 33029 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10-14-76

5. FEI Number: N/AE — Applied For ☐ Not Applicable ☑

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JORGE MIRABAL

Street Address (P.O. Box Number is Not Acceptable): 2080 NW 191 AVENUE

Suite, Apt. #, Etc.: N/A

City: PEMBROKE PINES | State: FL | Zip Code: 33029

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: Jorge Mirabal (REGISTERED AGENT MUST SIGN) Date: 04-03-05

CR2E081 (01/05)

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	DENNIS LOLENG	514 SANTANDER AVE #5	CORAL GABLES, FL 33134
VP	JUDITH PANTOJA	514 SANTANDER AVE #2	CORAL GABLES, FL 33134
S	YARA FRIGNANI	514 SANTANDER AVE #3	CORAL GABLES, FL 33134
T	LESTER KAMBERGER	514 SANTANDER AVE #1	CORAL GABLES, FL 33134

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 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: [signature] 4/20/05 305-934-4340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #