

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

DOCUMENT # 750883

98 OCT -2 PM 12:08

1. Corporation Name ~~DADE PLACE CONDOMINIUM~~  
A.K.A. KEYSTONE GARDENS CONDOMINIUM  
2430 NE 135 STREET N. MIAMI FL

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address 33181  
C/O ARCHIZONA MGMT. INC.  
655 NE 122 ST SUITE #1  
N. MIAMI, FL. 33161

REINSTATEMENT

96-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		59-1979656	
Zip	Country	Zip	Country	Applied For	
33161	USA	33161	USA	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	STEVE HOPKINS	C/O GOLF CAPITAL CORP 13499 BISCAYNE BLVD. 15TH FLOOR	N. MIAMI, FL. 33181
VP	MARY PICCERELLI	2430 NE 135TH ST #204	N. MIAMI, FL. 33181
D	ROBERT BOURNE	2430 NE 135TH ST #100	N. MIAMI, FL. 33181
D	MELINNA INMAN	2430 NE 135TH ST #201	N. MIAMI, FL. 33181
D	LUCILLE BARRATA	2430 NE 135TH ST #300	N. MIAMI, FL. 33181

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UNKNOWN		Name SCOT DI STEFANO	
		Street Address (P.O. Box Number is Not Acceptable) 655 NE 122 ST #1	
		Suite, Apt. #, Etc. N. MIAMI SUITE #1	
		City N. MIAMI	State Zip Code FL 33161

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent REGISTERED AGENT MUST SIGN

Date 9/18/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Hopkins President 9-10-98 305-882-6021

Date

Daytime Phone #

CR2040 (1-98)