APPLICATION FLORID				TRUCTIONS BEFORE CO DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			OMPLETING THIS FORM. FILED		
DOCUMENT # 751028 698-4069									
1 Conoration Name						98 MAR 19 PM 12: 42			
CORVETTE COMDOMINIUM ASSOCIATION INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1 . 4	lace of Business	Mailing Add	ress O BYRPN AU	1. 20 7.0					
				mi BEACH		LICTI	ATEMENT	a s	
3 3/4/ If above addresses are incorrect in any way, line through incorrect information and enter correction below.						MOIN	41 (11111111111111111111111111111111111	82-10	
				ling Office Address, If	Applicable	Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt.	#, etc.	·/-	Suite, Apt. #		** ***********************************	5. FEI Numb	er	Applied For	
City & State	e		City & State		<u> </u>	5921	79160	Not Applicable	
Zip 33/4	Country		Zip 33/4/	Countr	у	1		.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of E					<u>`</u>			
Title(s) 1	Name of Officers and/or Directors CARISTINE RABAH			Of	eet Address of Eac ficer and/or Directo se Post Office Box I	r	City / S	itate / Zip	
PD				7430 BYRON AV.		# 104	4 10A MIMI BEACHER 33141		
V	V NEVENKA MATORCEVIC				KON AV.	5B	MIAMI BEALI	1, FL 33/4/	
5 D	SD ORLANDO DE-LUIZ				N AV#	74	MIAMI BEAC	4, PC 33/41	
T	MATHILDA ARBELÁEZ			7440 BYRON AV # 7 B			MIAMI BEAC	(, FC 33/41	
CD	GLORIA 50	1440 BYRON	VAV. #	98 T	MIAMI DE ACh, PC 33/4/ 7000024643978 -03/20/9801122023				
							***1216.25	***1216.25	
8. Name and Address of Current Registered Agent Name						Name and Address of New Registered Agent			
					ORLANDO DE -LUTZ Street Address (P.Q. Box Number is Not Acceptable)				
					6/5 WF57 AV. 2900 Suite, Apl. #, Etc.				
MARCON CRECIO APT. 302								07. 302	
10. I, being appointed the registered agent of the above named of poration, am familiar with and accept the obligations of Section 607,0505, F.S.									
Signature of		agent of the above	e napred of po	oration, am tamiliar wi	in and accept the o	bligations of Sec	tion 607.0505, F.S.		
Registered Agent _ REGISTERED AGENT MUST SIAN TODO 24643378									
	is corporation o				ar Yes 🔼	No 🗆	************************************	31122-024 de f inkental (1888) 75 ngible 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. CARISTIME RABAK									
SIGNATURE: \$ \(\lambda \) \(