

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -2 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

751237

1. Corporation Name

The Hotella Condominium Association, Inc.

2. Principal Office Address

9601 East Bay Harbor Drive

Suite, Apt. #, etc.

City & State

Bay Harbor Islands FL

Zip

33154-2103

Country

Dade

3. Mailing Office Address

9601 East Bay Harbor Drive

Suite, Apt. #, etc.

City & State

Bay Harbor Islands FL

Zip

33154-2103

Country

Dade

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/26/1980

5. FEI Number

59-2089407

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dean, Adelgunde E

Street Address (P.O. Box Number is Not Acceptable)

1211 NE 131 Street

Suite, Apt. #, Etc.

City

North Miami

State
FL

Zip Code
33161

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

Adelgunde E. Dean

Date 04/27/05

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
DP	Roy, William	2801 Lucerne	Miami Beach, FL 33140
DV	Dorfman, Aaron	535 NE 129 Street	North Miami, FL 33161
DT	Reizen, Verna	1230 100 Street	Bay Harbor Islands, FL 33154
DT	Curtis, Karen	18720 SW 33 Court	Miramar, FL 33029
DS	Newport, Carol	10775 N Bayshore Drive	North Miami, FL 33161
D	Rees, David	10230 Collins Ave #308	Bay Harbour, FL 33154

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:

David Rees

David Rees

04/27/05

305-866-0321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E08 (01/05)