

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751556

1. Corporation Name

Segovia Gardens Condominium, Inc.

2. Principal Office Address - No P.O. Box #
1800 NW 19 Street

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip
33125

Country

3. Mailing Office Address
1020 SW 137 Place

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip
33184

Country

7. Name and Address of Current Registered Agent

Name
Enrique Regueiro

Street Address (P.O. Box Number is Not Acceptable)
1020 SW 137 Place

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33184

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

REGISTERED AGENT MUST SIGN

Date 05/07/07

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	Lidia Gomez	1800 NW 19 St Apt# 8	Miami, FL 33125
VP	Humberto Diaz	1340 W 5th Court	Hialeah, FL 33010
T	Enrique Regueiro	1020 SW 137 Place	Miami, FL 33184
S	Rosalba Cabrera	8320 SW 8 Street	Miami, FL 33174

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 #

05/07/07 (305) 225-6254

FILED

07 JUN -7 AM 9:00

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

000104255360
06/12/07--01013--006 **245.00

REINSTATEMENT 04-07

4. Date Incorporated or Qualified
To Do Business in Florida 03/14/80

5. FEI Number
592224146

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.