

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

03 APR 23 AM 4:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **751556**

1. Corporation Name

SEGOVIA GARDENS CONDOMINIUM, INC.

Principal Place of Business

1800 NW 19 STREET
 MIAMI FL 33125
 US

Mailing Address

1800 NORTHWEST 19 ST., UNIT 6
 MIAMI FL 33125
 US

REINSTATEMENT 02-03



800016059248
 04/15/03--01015--008 **297.50

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

03/14/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2224146

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|-------------------------|
| PD | RODRIGUEZ, COLUMBO | 1800 NW 19 STREET, UNIT 7 | MIAMI FL 33125 |
| VD | DIAZ, HUMBERTO | 1800 NW 19 STREET, UNIT 10 | MIAMI FL 33125 |
| TD | EXPOSITO, GLADYS | 1800 NW 19 #6 | MIAMI FL 33125 |
| S | WHEELER, FREDERIC W. | UNIT 103, 3460 32ND AVE. NORTH | ST. PETERSBURG FL 33713 |
| S | JENSON, AIMER | 1800 NW 19 #6 | MIAMI FL 33125 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JEUSON, AIMER
 1800 NW 19 STREET, #6
 MIAMI FL 33125

Name

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

Suite, Apt. #, Etc.

City

State
 FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

Glady Exposito

REGISTERED AGENT MUST SIGN

Date 04-08-03

11. 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:

Aimer Jenson SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-08-03

CR2E040 (8/02)