

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 10 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751570

1. Corporation Name

Mapia Condominium Association, Inc.
7915 Harding Avenue
Miami Beach FL 33141

2. Principal Office Address

5151 SW 98th Ave. Rd.

3. Mailing Office Address

5151 SW 98th Ave. Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33165

Country

US

Zip

33165

Country

US

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

3/17/1980

5. FEI Number

59-210-4427

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Victoria Triana

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

5151 SW 98th Ave. Rd.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

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

Victoria Triana
REGISTERED AGENT MUST SIGN

Date April 8, 2003

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
D	Victoria Triana	7915 Harding Ave #3	Miami Beach FL 33141
D	Hugo Aragon	7915 Harding Ave #1	Miami Beach FL 33141
D	Angel Arguelles	7915 Harding Ave #7	Miami Beach FL 33141
T	Lazaro Monteagudo	7915 Harding Ave #4	Miami Beach FL 33141
T	Lorenzo Triana	7915 Harding Ave #6	Miami Beach FL 33141
02-03 11:18			

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:

Victoria Triana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-03

Date

(305) 596-4421

Daytime Phone #

CR2E081 (10/02)