

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752144

1. Corporation Name

Grove Paradise Condominium, Inc.

Principal Place of Business

Mailing Address

3222 West Trade Ave
Miami, FL 33133

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3222 West Trade Ave

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3222 West Trade Ave

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

4/23/80

5. FEI Number

59-216-5081

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Jorge Arguillas	3210 West Trade Ave	Miami, FL 33133
V/D	Carlos de la Rocha	3200 West Trade Ave	Miami, FL 33133
T/D	Roberta LeFevre	1736 Wakeena Drive	Coconut Grove, FL 33133
S/D	Marco Gonzalez	3222 West Trade Ave	Miami, FL 33133
D	Wilza do Prado	3202 West Trade Ave	Miami, FL 33133
D	Marlene Alvarez	3232 West Trade Ave	Miami, FL 33133

8. Name and Address of Current Registered Agent

Danielle Lowenthal
3221 Bied Avenue
MIAMI, FL 33133

9. Name and Address of New Registered Agent

Name
Danielle Lowenthal
Street Address (P.O. Box Number is Not Acceptable)
3221 Bied Ave
Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33133

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.

Signature of
Registered Agent

D Lowenthal

REGISTERED AGENT MUST SIGN

Date 7/31/97
400002563434-5

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

See Florida Statute 199.032(1) on intangible 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.

SIGNATURE:

D Lowenthal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/97
Date

(305) 530-2377
Daytime Phone #

pg. 1

FILED

97 AUG -6 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-97

CP2E040 (12/96)

Incorporation Name	
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Principal Place of Business	Mailing Address
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. FEI Number	
				59-216-5081	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED ☐	
Country		Country		☐ \$8.75 Additional Fee required for a Certificate of Status ☐ Not Applicable	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Titles	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
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D	Patricia Rojo	3229 Bird Ave	Miami, FL 33133
D	Olga De Sosa	3238 West Trade Ave	Miami, FL 33133
D	Daniele Lowenthal	3221 Bird Ave	Miami, FL 33133