

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -7 PM 1:42

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754937

1. Corporation Name

Sum Isle Condominium Association, Inc

2. Principal Office Address - No P.O. Box #

990 Biarritz Dr.

Suite, Apt. #, etc.

City & State

miami Beach, FL

Zip

33141

Country

USA

3. Mailing Office Address

990 Biarritz Drive

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33141

Country

USA

REINSTATEMENT 06-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/1980

5. FEI Number

592257612

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BAKALAR and Eichner, P.A.

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

150 S. Pine Island Road

Suite, Apt. #, Etc.

540

City

Plantation

State

FL

Zip Code

33324

☐ 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.

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

Paul B...
REGISTERED AGENT MUST SIGN

11/5/07

700111206757
10/23/07 Date 01024-030 **297.50

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
PD	Jose TROYA	990 Biarritz Drive #201	miami Beach, FL 33141
D	Olmedo Diago	990 Biarritz Dr. #401	Miami Beach FL 33141
D	Vladimir Perez	990 Biarritz Dr. #202	Miami Beach, FL 33141
	R 11/8		

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/07

Daytime Phone #