

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAY -7 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757016

1. Corporation Name

Delkus Towers Condominium Association, Inc.

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

6725 Harding Avenue

3. Mailing Office Address

6725 Harding Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

203

City & State

Miami Beach, FL

City & State

Miami Beach

Zip

33141

Country

USA

Zip

33141

Country

USA

500155622475
05/07/09--01011--021 **376.25

REINSTATEMENT 04-09

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

1980

5. FEI Number
592200362

☐ 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

Anthony Trullenque

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

7098 Bonita Drive

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33141

☒ 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**

Anthony Trullenque

REGISTERED AGENT MUST SIGN

Date

5/4/09

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
TD	Louis Tatta	6725 Harding Avenue #207	Miami Beach, FL 33141
PD	Lorenzo Fernandez	6725 Harding Avenue #302	Miami Beach, FL 33141
VD	Jose Alonso	6725 Harding Avenue #206	Miami Beach, FL 33141

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/09

Date

305-216-5538

Daytime Phone #