

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757276

1. Corporation Name

MARACAIBO PARK HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address

9888 S.W. 7th.Terrace

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33174

Country

USA

3. Mailing Office Address

9888 S.W. 7th.Terrace

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33174

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

July 6, 1981

5. FEI Number

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

JAMES FIORICA, ATTORNEY

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

737 SW 98 Place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33174

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

James Fiorica

REGISTERED AGENT MUST SIGN

Date **October 14, 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
P/D	Eduardo de Varona	9888 S.W. 7th. Terrace	Miami, FL 33174
D	Juan Guelmes	9882 S.W. 7th. Terrace	Miami, FL 33174
T/D	Jose Rabassa	722 S.W. 99 Court Circle	So.-Miami, FL 33174
S	Virginia de Varona	9888 S.W. 7th Terrace	Miami, FL 33174
V	Roberto J. Alvarez	9857 S.W. 7th. Street	Miami, FL 33174
			<i>R10/12</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03

Date

786-271-4243

Daytime Phone #

CR2E081 (10/02)