

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 27 PM 2:06

DOCUMENT # 758456

1. Corporation Name

Park Side Manor "D" Condominium Association,
Inc.

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

712 SW 9th Street

3. Mailing Office Address

1985 South Ocean Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#16B

City & State

Hallandale Bch, FL

City & State

Hallandale Bch, FL

Zip

33009

Country

USA

Zip

33009

Country

USA

400156512494
05/28/09--01020--001 **122.50

REINSTATEMENT

08-09KS

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

05/21/1981

5. FEI Number

59-2146672

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 Michael J. Quarequio, Esq.

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

900 SE 3rd Avenue

Suite, Apt. #, Etc.

Suite 202

City

Fort Lauderdale

State

FL

Zip Code

33316

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date

5/18/09

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
P	Yamira Corcino	280 SW 11th Avenue, #1	Hallandale Bch, FL 33009
VP	Marta Rodriguez	280 SW 11th Avenue, #16	Hallandale Bch, FL 33009
S/T	Maria Dente	1985 S Ocean Drive, #16B	Hallandale Bch, FL 33009

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #