

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 30 AM 8:00

DOCUMENT # 763750

1. Corporation Name

OCEAN BEACH RESORT CONDO.
ASSOCIATION INC

2. Principal Office Address

17475 COLLINS AVE

Suite, Apt. #, etc.

City & State

Sunny Isles FL

Zip

33160

Country

USA

3. Mailing Office Address

17475 COLLINS AVE

Suite, Apt. #, etc.

City & State

Sunny Isles FL

Zip

33160

Country

USA

REINSTATEMENT

04
MRD

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-22 123 83

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

JUAN M GONZALEZ

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

17475 COLLINS AVE

Suite, Apt. #, Etc.

133

City

Sunny Isles

State

FL

Zip Code

33160

500043748695

12/30/04--01044--018 **230.25

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

12/23/04

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
PT	JUAN GONZALEZ	17475 COLLINS AVE #133 Sunny Isles FL 33160	Sunny Isles FL 33160
V	FRANCISCO A FERNANDEZ	481 W 34 PLACE	Hialeah, FL, 33012
C	ELAINE PRATS	18999 NO BAY ROAD	Sunny Isles, FL 33160
D	RAHON CASTELLANOS	12210 SW 1ST	MIAMI, FL, 33184
D	ROBERTO HERNANDEZ	525 E 18ST	Hialeah, FL, 33013

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 effect as if made in person.

SIGNATURE:

[Signature]

JUAN GONZALEZ

174-75 Collins Av
Sunny Isles, Fla 33160

Date

12/23/04

Daytime Phone #

305-933 8870

CR2E081 (01/04)