

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 DEC -2 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765456

1. Corporation Name

THE COUNCIL OF CONDOMINIUMS OF DADE COUNTY, INC

Principal Place of Business

5701 COLLINS AVE
MIAMI BEACH FL 33140

Mailing Address

6039 COLLINS AVENUE
419
MIAMI BEACH FL 33140
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0079875

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MILLER, GERTRUDE REINGOLD, MARTY	1778 JAMES AVENUE APT 2-E 6039 COLLINS AVE	MIAMI BEACH FL MIAMI BEACH, FL
TSD	GONZALEZ-PORT VONDO, FRANCINE	8299 CORAL WAY	MIAMI FL
D	ARGOS, BONITA	1345 W AVENUE, APT 304	MIAMI BEACH FL
D	ESKIDGE, GEE DURAN, José	4014 CHASE AVENUE 6039 COLLINS AVE	MIAMI BEACH FL
VD	KADIN, SOL	985-79TH TERRACE	MIAMI BEACH FL
DP	KAY, HENRY B	6039 COLLINS AVENUE #419	MIAMI BEACH FL

8. Name and Address of Current Registered Agent

GONZALEZ-PORTUONDO, FRANCINE
8299 CORAL WAY
MIAMI FL 33155

9. Name and Address of Agent

REINSTATEMENT 1996
Name: *Adrian*
Street Address (P.O. Box Number is Not Acceptable): 300002019383--2
Suite, Apt. #, Etc.: -12/04/96-01090-014-96
City: MIAMI BEACH, FL
State: FL
Zip Code: 33135

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/20/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/96

Date

(305) 264-4350

Daytime Phone #