

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1982

5. FEI Number

65-0079875

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	REINGOLD, MARTY	6039 COLLINS AVENUE	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	DURAN, JOSE	6039 COLLINS AVE.	MIAMI BEACH FL
VD	KADIN, SOL	965-79TH TERRACE	MIAMI BEACH FL
DP	KAY, HENRY B	6039 COLLINS AVENUE #419	MIAMI BEACH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ-PORTUONDO, FRANCINE
8299 CORAL WAY
MIAMI FL 33155

Name

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

Suite, Apt. #, Etc.

City

500002339295-9

11/05/97-01093-001

****236.25 ****236.25

State

FL

Zip Code

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]
REGISTERED AGENT MUST SIGN

Date

10/27/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97 (305) 264-4250
Date Daytime Phone # 223

CR2040 (8/97)