

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 00 JAN -3 PM 4:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **767350**

1. Corporation Name
 21/22 CONDOMINIUM ASSOCIATION, INC..

Principal Place of Business Mailing Address

MIAMI, FLORIDA 2103 CORAL WAY
 SUITE 108
 MIAMI, FL 33145

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

REINSTATEMENT **09**

2. New Principal Office Address, If Applicable
 Same as above

3. New Mailing Office Address, If Applicable
 Same as above

Suite, Apt. #, etc. Suite, Apt. #, etc.
 Same as above Same as above

City & State City & State
 Miami, Fl Miami, Fl

Zip Country Zip Country
 33145 USA 33145 USA

4. Date Incorporated or Qualified To Do Business in Florida Sept. 1, 1983

5. FEI Number 59-2719935 Applied For Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres Dir	RENE DAGO JR. (D)	2103 CORAL WAY # 108	MIAMI, FL 33145
Sec VPre	JUAN A. TURRO (D)	2103 CORAL WAY # 108	MIAMI, FL 33145
Tes AssSec	LUIS A. RAMUDO (D)	2103 CORAL WAY # 108	MIAMI, FL 33145

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Rene Dago Jr.
 Street Address (P.O. Box Number is Not Acceptable) 2103 Coral Way
 Suite, Apt. #, Etc. Ste. 201
 City Miami State FL Zip Code 33145

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 12/2/99

11. This corporation owes 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 12/3/99 (305) 858-6233 Daytime Phone #

KE