

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 13 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768479

1. Corporation Name

ALHAMBRA CONDOMINIUM NO. 14 ASSOCIATION, INC.

2. Principal Office Address

8625 NW 8th ST

Suite, Apt. #, etc.

407

City & State

MIAMI, FLORIDA

Zip

33126

Country

U.S.A.

3. Mailing Office Address

P.O. Box 522333

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33152

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/1983

5. FEI Number

65-0134876

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

MANAGEMENT SPECIALTY INC.

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

8625 NW 8th STREET APT 407

Suite, Apt. #, Etc.

407

City

MIAMI

State

FL

Zip Code

33126

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

NORMA GRACIANO NORMA GRACIANO

Date 03/27/2008

REGISTERED AGENT MUST SIGN

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
PD	MARGARITA SINCE	2261 WEST 53 ST #14	Hialeah, FL 33016
VPD	Roberto Diaz	2261 WEST 53 ST #11	Hialeah, FL 33016
SD	JUAN C. GONZALEZ	2261 WEST 53 ST #3	Hialeah, FL 33016

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 legal effect as if made under oath.

SIGNATURE:

Margarita Sinche MARGARITA SINCE

03/27/08 305-267-9339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7C5/21