

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **709088**

00 FEB 11 AM 11:00

1. Corporation Name
1350 Red Road Professional Building
Condominium Association, Inc. **WDD-939**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1350 Red Road P. O. Box 558315
Miami, FL 33144 Miami, FL 33255

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REINSTATEMENT **81-2000**

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	07-01-86
5. FEI Number	59-2766792
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$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
Presi.	Pedro S. Sarduy, M.D.	6880 Coral Way,	Miami, FL 33155
Sct.	Jack Carmel	14741 Biscayne Blvd.	Miami, FL 33160
Dir.	Felipe Martinez, M.D.	1350 S.W. 57th Ave. #210	Miami, FL 33144
Dir.	Fernando Vidal	1350 S.W. 57th Ave. #209	Miami, FL 33144
Dir.	Esteban Soler	1350 S.W. 57th Ave. #207	Miami, FL 33144

8. Name and Address of Current Registered Agent
Pedro S. Sarduy, M.D.
P. O. Box 558315
Miami, FL 33255

9. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)
6880 Coral Way

Suite, Apt. #, Etc. _____

City **Miami** State **FL** Zip Code **33155**

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 **Pedro S. Sarduy** Date **11/3/99**
REGISTERED AGENT MUST SIGN

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: **Pedro S. Sarduy** Date **02-09-00** (305) 448-2825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E08 (12/98)