

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra F. McDermott
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # 769090

1. Corporation Name

SABAL CHASE EXECUTIVE PARK CONDOMINIUM ASSOCIATION, INC.

97 NOV 17 PM 12:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

~~1005 BRICKELL AVE.~~
~~3TH FLOOR~~
~~MIAMI FL 33131-0007~~

~~1005 BRICKELL AVE.~~
~~3TH FLOOR~~
~~MIAMI FL 33131-0007~~

10870 SW 113 PL

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

2. New Principal Office Address, If Applicable

10870 SW 113 PL

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

10870 SW

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FLA

Zip

33176

Country

Zip

33176

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/1983

5. FEI Number

NOT APPLICABLE

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
PD	MAUREEN SAMAROD	10870 SW 113 PL	MIAMI FLA 33176
VD	WEN F CHANG	9811 SW 96 ST	MIAMI FLA 33176
SD	SUSAN MARISTANY	10850 SW 113 PL	MIAMI FLA 33176

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-11/18/97--01090--014
*****61.25 *****61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAMIAN, VINCENT E. JR.

848 BRICKELL AVE.,
SUITE 1100

MIAMI FL 33131

Delete

MAUREEN SAMAROD

10870 SW 113 PL

MIAMI FLA 33176

Name

MAUREEN SAMAROD

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

10870 SW 113 PL

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

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

mm. SAMAROD

REGISTERED AGENT MUST SIGN

Date

11/13/97

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

Date

Daytime Phone #

11/13/97 3053791025

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Sabal Chase Executive Park
Condominium Association, Inc.
C/o Maureen Samaroo
10870 SW 113 PL.
Miami, FL 33176
Document # 769090

Division of Corporation

To whom it may concern,

On April 20, 1997 I have filed the corporations annual report, which was returned to me on May 22, 1997, for reasons that are attached. I returned these documents with a check and did not have any further reply. On November 12, 1997 I received Notice of Administration Dissolution or Revocation when I had no further information of previous documents returned and I would like to know why I received this notice. I would appreciate for someone to look into this matter as soon as possible. For further information please feel free to contact me at (305) 279-1025 or by the address above.

Thank You,

mm. Samaroo

Maureen Samaroo
President/Director