

SEP-25-2003 THU 09:17 AM BLACKSTONE LEGAL SUPP
SEP-25-2003 09:38

FAX NO. 9545834117

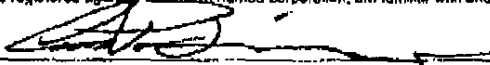
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 769101					
1. Corporation Name ADANA, A CONDOMINIUM ASSOCIATION, INC.					
2. Principal Office Address 4995 N.W 72 Avenue Suite, Apt. #, etc. Suite 303 City & State Miami, Florida Zip 33166 Country USA			3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country		
			4. Date Incorporated or Qualified To Do Business in Florida 6/24/83		
			5. FEI Number 592778619		Applied For Not Applicable
			6. CERTIFICATE OF STATUS DESIRED ☐ \$875 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent					
Name CARLOS J. VILLANUEVA, ESQ.					
Street Address (P.O. Box Number is Not Acceptable) 2100 PONCE DE LEON BLVD.					
Suite, Apt. #, Etc. SUITE 600					
City CORAL GABLES				State FL	Zip Code 33134
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  Date 9/22/03 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P/D	JAVIER FERNANDEZ	4995 N.W. 72nd Ave # 303		Miami FL 33166	
S/D	CARLOS J. VILLANUEVA	Same			
VP/D	Astrid Collazo	Same			
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)(c), 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: 		9/22/03		305-377-0812	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

9/25
TOTAL P.01

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850)385-6735
Fax Number : (954)641-4392

CORPORATION REINSTATEMENT

ADANA, A CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$490.00