

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY 19 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 769140

1. Corporation Name

GALLOWAY 93 CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

9300 SW 87 AVE

3. Mailing Office Address

9300 SW 87 AVE

Suite, Apt. #, etc.

SUITE 4

Suite, Apt. #, etc.

SUITE 4

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33176

Country

USA

Zip

33176

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/28/1983

5. FEI Number

59-2261182

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 00-03

7. Name and Address of Current Registered Agent

Name

SERGIO A. RIVERA

500019325865

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

9300 SW 87 AVE

05/19/03--01084--025

Suite, Apt. #, Etc.

SUITE 4

City

MIAMI

State

FL

Zip Code

33176

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 4-25-03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	BEATRIZ AMENDOLA, President	9300 SW 87 AVE SUITE 3	MIAMI, FL 33176
	LOIDA GARCIA Secretary	9300 SW 87 AVE SUITE 5	MIAMI, FL 33176
	SERGIO A. RIVERA Treasurer	9300 SW 87 AVE SUITE 4	MIAMI, FL 33176

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEATRIZ AMENDOLA, President

Date

4/25/03

Daytime Phone #

365-598-6522

21 5/23