

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 NOV 27 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L00000006941**

1. Corporation Name

CONDESA, LLC.

2. Principal Office Address

12555 Orange Drive

Suite, Apt. #, etc.

SUITE 257

City & State

DAVIE FLORIDA

Zip

33330

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

06-14-2000

5. FEI Number

65-1018154

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

LOUIS F. CAST

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

4805 NW 79 AVENUE

Suite, Apt. #, Etc.

SUITE # 9

City

MIAMI

State

FL

Zip Code

33166

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

[Signature]

REGISTERED AGENT MUST SIGN **LOUIS F. CAST.**

Date **11-21-02**

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 |
|--------|--------------------------------------|---|--------------------|
| P. | DAVID - NAME - | 12555 Orange Drive #257 | DAVIE, FL 33330 |
| VP | MONICA PEMBERTY | 12555 Orange Drive #257 | DAVIE, FL 33330 |
| S | DAVID NAME | 12555 Orange Drive #257 | DAVIE, FL 33336 |
| T | FRANCO FIORENTINO | 12555 Orange Drive #257 | DAVIE, FL 33330 |
| | | | |
| | | | |

REINSTATEMENT

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

DAVID NAME - FIORENTINO

Date

11-21-02 (954) 862-1730

Daytime Phone #

CR2E081 (9/01)