

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO00000001632

1. Corporation Name

St. Remy Condominium Association, Inc.

2. Principal Office Address - No P.O. Box #

1307 Euclid Ave.

Suite, Apt. #, etc.

Unit # 2

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

1307 Euclid Ave.

Suite, Apt. #, etc.

Unit # 2

City & State

Miami Beach, FL

Zip

33139

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/14/2000

5. FEI Number

650991024

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

Marisa di Giovanni

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

1307 Euclid Ave

Suite, Apt. #, Etc.

2

City

Miami Beach

State

FL

Zip Code

33139

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Marisa di Giovanni

Date 11/3/08

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
DP	Justin Molis	1309 Euclid Ave # 5	Miami Beach, FL 33139
DVP	Carlos Berrios	10041 NW 51 St. Ln.	Miami, FL 33128
DT	Marisa di Giovanni	1307 Euclid Ave. # 2	Miami Beach, FL 33139

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 contained in Chapter 119, 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:

Marisa di Giovanni

Marisa di Giovanni

11/3/08

305-733-1691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 NOV 24 PM 3:24

STATE
TALLAHASSEE, FLORIDA

100138230331
11/24/08--01030--021 **358.75

REINSTATEMENT 07-08

CR2E081 (10/08)