

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # N00000006550

1. Corporation Name

SB Waterside Condominium Association, Inc.

2. Principal Office Address

4201 Indian Creek Drive

3. Mailing Office Address

4201 Indian Creek Drive

Suite, Apt. #, etc.

Apt. #1

City & State

Miami Beach, Florida

Zip
33140

Country

Miami-Dade

Suite, Apt. #, etc.

Apt. #1

City & State

Miami Beach, Florida

Zip

33140

Country

Miami-Dade

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/02/2000

5. FEI Number

02-0615728

☒

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 M. Barrios-Balbin, Esquire

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

777 Brickell Avenue

Suite, Apt. #, Etc.

Suite 900

City

Miami

State

FL

Zip Code

33131

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]

Date

7/9/02

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
PD	Maritza Balbin	4201 Indian Creek Drive	Apt. #1 Miami Beach, FL 33140
TD	Ivone Tuma	4201 Indian Creek Drive Apt. #8	Miami Beach, FL 33140
SD	Darguin Villalobos	4201 Indian Creek Drive Apt. #10	Miami Beach, FL 33140

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-6-02

Daytime Phone #

FILED

02 JUL 15 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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7/15/02