

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF DISTRICT COURT
DIVISION OF CORPORATIONS

03 DEC -1 AM 11:20

DOCUMENT # *N00000008571*

1. Corporation Name

The Patricia condominium Association

REINSTATEMENT *03*

2. Principal Office Address

842 meridian Ave

Suite, Apt. #, etc.

#2A

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

842 Meridian Ave

Suite, Apt. #, etc.

#2A

City & State

Miami Beach, FL

Zip

33139

Country

USA

500024178195

*12/17/03-01040-027 **166.25*

10/22/03 01/15 005 \$70.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/00

5. FEI Number

300098108

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

Kevin Dennis

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

842 meridian Ave

500024178195

Suite, Apt. #, Etc.

#2A

City

Miami Beach, FL

State

FL

Zip Code

33139

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

Kevin Dennis

REGISTERED AGENT MUST SIGN

Date

11/24/03

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
President	<i>Irela Castillo</i>	<i>842 meridian Ave # 1D</i>	<i>Miami Beach FL 33139</i>
V-President	<i>Christopher Gasulla</i>	<i>842 meridian Ave # 2E</i>	<i>Miami Beach FL 33139</i>
Treasurer	<i>Kevin Dennis</i>	<i>842 meridian Ave # 2A</i>	<i>Miami Beach FL 33139</i>
Secretary	<i>Patricia Rubio</i>	<i>842 meridian Ave 1C</i>	<i>Miami Beach, FL 33139</i>

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:

Kevin Dennis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/03

Date

305 332 9729

Daytime Phone #