

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 MAY 15 AM 9:06

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00802**

1. Corporation Name

**Mary, A Condominium
Association, Inc**

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

1300 W 44 Place

Suite, Apt. #, etc.

3. Mailing Office Address

1300 W 44 Pl

Suite, Apt. #, etc.

City & State

Hialeah FL

Zip

Country

33012

City & State

Hialeah FL

Zip

Country

33012

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1-6-1984

5. FEI Number

65-0212973

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

No

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ada Martinez

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

1300 W 44 Place

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

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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

Ada Martinez
REGISTERED AGENT MUST SIGN

Date

5/8/13

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	Hector Lorenzo	325 W 10th #2	Hia, FL 33012
SD	Francesca Lorenzo	325 W 10th #2	Hia, FL 33012
TD	Ans H Gonzalez	325 W 10th #2	Hia, FL 33012
REINSTATEMENT			
MAY 15 2013			

10. E-mail Address:

Ada Flowers @Yahoo.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Ans Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/13
Date

786-565-9552
Daytime Phone N