

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 MAR 21 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00968

1. Corporation Name

A.V. Warehouses Condominium Association, Inc.

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

16561 NW 82 Plave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 4548

Suite, Apt. #, etc.

City & State

Miami Lakes, Fl.

City & State

Miami, Fl.

Zip

33016

Country

USA

Zip

33014

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/1984

5. FEI Number
65-0139002

☐ 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

Oscar J. Delgado, Esq.

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

14160 NW 77 Ct

Suite, Apt. #, Etc.

33

City

Miami Lakes

State

FL

Zip Code

33016

S. HAWKES

MAR - 2012

EXAMINER

300225415743

03/20/12--01021--003 **420.00

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

REGISTERED AGENT MUST SIGN

Date 03/15/2012

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
PDS	Roberto Blanco	16516 NW 82 Place	Miami Lakes, Fl. 33016
D	Guido DeLaTorre	291 W 28th Street	Hialeah, Fl. 33010
D	Jorge Diaz	267 W 28th Street	Hialeah, Fl. 33010

REINSTATEMENT

2009 - 2012

10. E-mail Address: ojdlaw@gmail.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/15/2012 786-363-4200