

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 31 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ND1000004004

1. Corporation Name

1551 Condominium Assoc., Inc.

100024335211
10/31/03--01068--007 **\$1.25

2. Principal Office Address

1551 Lenox Ave

Suite, Apt. #, etc.

#2

City & State

Miami Beach FL

Zip

33139

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

6/8/2001

5. FEI Number

651114540

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

George J. Pilibosian

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

1551 Lenox Ave

Suite, Apt. #, Etc.

#7

City

Miami Beach

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

[Signature]

Date

10/27/03

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
D	George J. Pilibosian	1551 Lenox Ave #7	Miami Beach FL 33139
D	Shumaya Hardman	" #2	"
D	Melissa Trigg-Collins	" #8	"

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

10/17/03

Daytime Phone #

305-532-4046

CR2001 (10/02)