

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 13 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000005378**
1. Corporation Name
**442-444 Fernwood Condominium
Association, Inc.**

2. Principal Office Address 2050 Coral Way Suite, Apt. #, etc. Suite 501		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State Miami Florida		City & State	
Zip 33145	Country USA	Zip	Country

4. Date incorporated or Qualified To Do Business in Florida 7/30/2001
5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name DANIZZA SARMIENTO	
Street Address (P.O. Box Number is Not Acceptable) 1357 NW 99th Avenue	
Suite, Apt. #, Etc.	
City Rembroke Pines	State FL
Zip Code 33024	

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: **Danizza Sarmiento** Date: **10-12-05**

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	MARTIN KERN	2050 Coral Way, # 501	Miami, Florida 33145
D	DANIZZA SARMIENTO	1357 NW 99th Ave	Rembroke Pines, FL 33024
D	ANG MARIE AMADOR BELKIN	444 Fernwood Rd	Key Biscayne FL 33149
D	Raul Gomez	Edificio Plaza Office 1005	Guayaquil, Ecuador

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: **Danizza Sarmiento** Date: **10-12-05** Daytime Phone #: **786 357 9291**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR