

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR -5 PM 3:42

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000006615

1. Corporation Name

Baracoa Condominium Association, Inc

600091539296
03/07/07--01020--009 **122.50

2. Principal Office Address - No P.O. Box #
2150 West 68 St

3. Mailing Office Address
PO Box 160310

Suite, Apt. #, etc.
Suite 205

Suite, Apt. #, etc.

City & State
Hialeah, FL

City & State
Hialeah, FL

Zip Country
33016 US

Zip Country
33016 US

4. Date Incorporated or Qualified
To Do Business in Florida 09/18/2001

5. FEI Number 320053946

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
Jani Rodriguez

Street Address (P.O. Box Number is Not Acceptable) 6091 West 22 Court

Suite, Apt. #, Etc. Apt 206

City State Zip Code
Hialeah FL 33016

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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]* (786) 356-S220
REGISTERED AGENT MUST SIGN

Date 1/31/07

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
P	Jani Rodriguez	6091 West 22 Court 206	Hialeah, FL 33016
VP	Armando Frias	6091 West 22 Court 403	Hialeah, FL 33016
T	Milaydis Frias	6091 West 22 Court 403	Hialeah, FL 33016
S	Jose O. Mujica	6091 West 22 Court 205	Hialeah, FL 33016
D	Carlos Gomez	6091 West 22 Court 207	Hialeah, FL 33016
	<i>[Signature]</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 contained in Chapter 119, 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

01/26/2007 305-819-2361

Date Daytime Phone #