

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Belle Epoque Condominium Association, Inc.

2295 SW 16 CT

2. Principal Office Address

3. Mailing Office Address

2295 SW 16 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33145

Country

USA

Zip

33145

Country

USA

FILED

04 JUN 29 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600038425846
06/23/04--01060--005 **367.50

**4. Date Incorporated or Qualified
To Do Business in Florida** 10/01/2001

5. FEI Number

None

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

Juan A. Sanchez

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

10691 North Kendall Drive, STE. 310

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33176 33173

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

6/23/04

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
Pres.	Lia Durango	2295 SW 16 CT	Miami, FL 33145
VP	Stela Russell	2295 SW 16 CT	Miami, FL 33145
S	Juan C. David	428 W 43 ST	Miami Beach, FL 33140

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/23/04

Daytime Phone #