

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 24 AM 8:06

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03/24/09--01004--011 **429.75

REINSTATEMENT 03-09KS

DOCUMENT # **002 00001350**

1. Corporation Name

Artchips Condominium Association, Inc.

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

260 NE 60 Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33137

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/25/2002

5. FEI Number
04-3748149

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

Carolina Sardi

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

260 NE 60 Street

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33137

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

REGISTERED AGENT MUST SIGN

Date 03/17/09

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	John La Huis	266 NE.60 Street	Miami, Florida 33137
VP	Carolina Sardi	260 NE 60 Street	Miami, Florida 33137
SEC	Favio Landeira	268 NE 60 Street	Miami, Florida 33137
TREA	Federico Uribe	250 NE 60 Street	Miami, Florida 33137

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/09

Date

Daytime Phone #