

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : BERMAN, RENNERT, VOGEL & MANDLER, P.A.
Account Number : 076103002011
Phone : (305)577-4177
Fax Number : (305)373-6036

CORPORATION REINSTATEMENT

ST. CROIX COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000005619
1. Corporation Name
St. Croix Commercial Condominium Association, Inc.

2. Principal Office Address - No P.O. Box # 2121 Ponce de Leon Blvd.		3. Mailing Office Address 2121 Ponce de Leon Blvd.	
Suite, Apt. #, etc. PH2		Suite, Apt. #, etc. PH2	
City & State Coral Gables, Florida		City & State Coral Gables, Florida	
Zip 33134	Country US	Zip 33134	Country US

CR2ED81 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida **07/24/2002**

5. FID Number **04-3697825** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$4.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Registered Agents of Florida, LLC

Street Address (P.O. Box Number is Not Acceptable)
100 S.E. Second Street

Suite, Apt. #, Etc.
Suite 2800

City
Miami

State
FL

Zip Code
33131

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 607.0605 or 617.0603, F.S.

Signature of Registered Agent: *Charles J. Kennert* **Charles J. Kennert, V.P.** Date **2/27/09**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DCH	Stuart I. Meyers	2121 Ponce de Leon Blvd., PH	Coral Gables, Florida 33134
DVC	Jorge Lopez	2121 Ponce de Leon Blvd., PH	Coral Gables, Florida 33134
DPAS	Leon J. Wolfe	2121 Ponce de Leon Blvd., PH	Coral Gables, Florida 33134
DVPS	Mara S. Mades	2121 Ponce de Leon Blvd., PH	Coral Gables, Florida 33134

REINSTATEMENT **RLH**

10. I certify that I am an officer or director of the receiver or trustee empowered to execute the 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: *Bonnie Adams* **2/27/09** Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR