

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 12 PM 2:42

DOCUMENT # NO2000009651

1. Corporation Name

DAKOTA PARK SOUTH CONDOMINIUM
ASSOCIATION

~~1107000019814~~

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

1046 LENOX AVE

3. Mailing Office Address

1046 LENOX AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

MIAMI-DADE

Zip

33139

Country

MIAMI-DADE

7. Name and Address of Current Registered Agent

Name

RONALD ISSENBERG

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

1046 LENOX AVE, UNIT # 2

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33139

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

Ronald Issenberg

Date 4-9-07

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
P	RONALD ISSENBERG	1046 LENOX AVE, UNIT # 2	MIAMI BEACH, FL 33139
VP	Saima Escobar	1046 LENOX AVE, UNIT # 3	MIAMI BEACH, FL 33139
S/T	JON PARKER	1040 LENOX AVE MIAMI BEACH	MIAMI BEACH, FL 33139
	<u>4/6/12</u>	REINSTATEMENT <u>04-07</u>	

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:

Ronald Issenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-07
Date

786.566.1446
Daytime Phone #

REINSTATEMENT 04-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

30-0423807

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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.

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