PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 20 AM 11:17

DOCUMENT # N03000000932

1. Corporation Name

3029 Oak Avenue Condominium Association, Inc.

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address		3. Mailing Office Address	
3029 Oak Avenue		same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami		City & State	
Zip: 33133	Country: Miami-Dade	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/04/2003

5. FEI Number: ☑ 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: Jason Powell

Street Address (P.O. Box Number is Not Acceptable): 3029 Oak Avenue

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33133

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: Jason Powell
REGISTERED AGENT MUST SIGN

Date: 3/15/2006

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	Jason Powell	3029 Oak Avenue	Miami, Fl. 33133
V/T	Tina Powell	3029 Oak Avenue	Miami, Fl. 33133
Sec	Daniel Matos	3027 Oak Avenue	Miami, Fl.33133

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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: Jason Powell — 3/15/2006 — (941) 730-5630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Charter Number Only

3·16·00 Belkis

Marco de la Cal
Requestor's Name
999 Ponce de Leon Blvd. #720
Address
Coral Gables, FL 33134
City State ZIP Phone
305·444-3800A

VALIDATION ONLY

CORPORATION(S) NAME

3029 Oak Avenue Condominium Association, Inc.
N03000000932

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
(X) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail-Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

RECEIVED
06 MAR 20 AM 10:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Empire Toll Free: 1-800-432-3028