

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC -1 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000003928

1. Corporation Name

Vista del Mar Condominium
Association of MB, Inc.

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

1971-1985 Bay Dr.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33141

Country

USA

3. Mailing Office Address

2200 NW 102 Ave.

Suite, Apt. #, etc.

Suite #5

City & State

Doral, Florida

Zip

33172

Country

USA

REINSTATEMENT
CR2E081 (10/08)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

352204884

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: SPM Group, Inc.

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

2200 NW 102 Ave.

Suite, Apt. #, Etc.

Suite #5

City

Doral

State

FL

Zip Code

33172

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/30/08

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	Stephanie Seibert	1971 Bay Dr # 10	Miami Beach, FL 33141
T	Stephanie Adams	1971 Bay Dr # 8	Miami Beach, FL 33141
S	Miguel Soto	1971 Bay Dr # 1	Miami Beach, FL 33141

700138346797
12/01/08--01071--017 **\$1.25

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/08

Daytime Phone #