

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000007437

1. Corporation Name

AQUAVISTA OF MIAMI-DADE CONDOMINIUM ASSOCIATION, INC

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

3909 NE 170th ST

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH

Zip

33160

Country

USA

3. Mailing Office Address

3909 NE 170th ST

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH

Zip

33160

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/2003

5. FEI Number

412107153

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

RICARDO GONZALEZ

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

3911 NE 170th ST

Suite, Apt. #, Etc.

City

NORTH MIAMI BEACH

State

FL

Zip Code

33160

☒ 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

Date 2/29/2010

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/S	RICARDO GONZALEZ	3911 NE 170th ST	NORTH MIAMI BEACH, FL 33160
V/S	ISABEL ANTON	3901 NE 170th ST	NORTH MIAMI BEACH, FL 33160
T/S	VINCENT PRISCIOTTA	3909 NE 170th ST	NORTH MIAMI BEACH, FL 33160
		M. MILLIGAN EXAMINER	000171599060 03/09/10 01004-018 **183.75
		MAR 10 2010	

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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: *P*

RICARDO GONZALEZ

2/29/2010

818-483-0845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #