

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 10 PM 12:27

DOCUMENT # **NO 3000009544**

1. Corporation Name

MARTINIQUE VILLAS IN THE GROVE CONDOMINIUM
ASSOCIATION, INC.

2. Principal Office Address

2933 Bridgeport Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33133

Country

3. Mailing Office Address

2933 Bridgeport Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33133

Country

REINSTATEMENT

04-05

CR2E081 (8/05)

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

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

Victor Alexander Diazgranados

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

2933 Bridgeport 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/7/05

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
D/P	Joseph Benton	2931 Bridgeport Avenue	Miami, Florida 33133
D/T/S	Victor Alexander Diazgranados	2933 Bridgeport Avenue	Miami, Florida 33133

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11/7/05--01037--001 **122.50

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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victor Diazgranados

Date

11/7/05

Daytime Phone #

242

MARK E. FRIED
PROFESSIONAL ASSOCIATION
ATTORNEY AT LAW
1110 BRICKELL AVENUE
SUITE 700
MIAMI, FLORIDA 33131

Telephone (305) 371-7079
Facsimile (305) 423-3215

E-Mail: mfried@markfriedlaw.com

November 8, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: MARTINIQUE VILLAS IN THE GROVE CONDOMINIUM
ASSOCIATION, INC.

Enclose please find the Corporate Reinstatement form for Martinique Villas in the Grove Condominium Association, Inc., and a check in the amount of \$122.50. The check does not include the \$175.00 reinstatement fee because the Corporate Annual Report was never forwarded to the condominium association members and officers by Mr. Nicolle, the previous president and director of the company.

Sincerely,

Mark E. Fried, P.A.

By: 

Mark E. Fried

MEF/pa