

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 APR 18 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

000099259830
04/30/07--01003--015 **420.00

CR2E081 (1/07)

DOCUMENT # N03000009679

1. Corporation Name

River Point Condominium Association, Inc

2. Principal Office Address - No P.O. Box #
103-109 NW 6 Ave

3. Mailing Office Address
918 Ocean Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 207

City & State
Miami, Florida

City & State
Miami Beach, Florida

Zip
33128

Country
Dade

Zip
33139

Country
Dade

4. Date Incorporated or Qualified To Do Business in Florida 11/03/2003

5. FEI Number
65-1229026

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
Nelly Giribaldi

Street Address (P.O. Box Number is Not Acceptable)
109 NW 6th Ave

Suite, Apt. #, Etc.
Apt. 6

City
Miami

State
FL

Zip Code
33128

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 *Nelly Giribaldi*

Date 4/14/07

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
PD	Nelly Giribaldi	109 NW 6th Ave #6	Miami, Florida 33128
STD	Ines Pena	103 NW 6 Ave #4	Miami, Florida 33128
VD	Jessica Fuller	103 NW 6 Ave #3	Miami, Florida 33128

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: *Nelly Giribaldi*

4/14/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/4/23