## NOB 000 10628

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
.

Office Use Only



600137351586

10/30/08--01049--001 \*\*35.00

09 FEB 18 PH 1:49
SECRETARY OF STATE

PHIAMPE TURCANTE

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Sole Condominium Association, Inc. (Name of Corporatio	n) <b>T</b>	
DOCUMENT NUMBER: N03000010628		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Steven W. Zelko · (Name of Contact Pers	witz on)	
GrayRobinson, P.A. (Firm/Company)		
. 1221 Brickell Avenue, Suite 1650 (Address)		
Miami, FL 33131 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Steven W. Zelkowitz at ( (Name of Contact Person) (A	305 ) 416-6880 rea Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department of S	State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301



November 5, 2008

STEVEN W. ZELKOWITZ GRAYROBINSON, P.A. 1221 BRICKELL AVENUE, SUITE 1650 MIAMI, FL 33131

SUBJECT: SOLE CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N03000010628

We have received your document for SOLE CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2008 annual report. The entity must be reinstated before this document can be filed.

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2008 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application/annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$150.00 filing fee per year for each year the corporation has been dissolved.

Therefore, the total amount due to reinstate the corporation is \$750.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2008 Annual Report and Supplemental Fee.

The changes reflected in your document can be made on the reinstatement application. You can deduct the fee previously submitted from the reinstatement fee due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Letter Number: 808A00056250

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Sole Condominium Association, Inc.
2. The principal office address: 17315 Collins Avenue, Sunny Isles Beach, FL 33160
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/8/2003 Document number: N03000010628
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Steven W. Zelkowitz, Esq.
401 East Las Olas Boulevard, Suite 1850
Fort Lauderdale, FL 33301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Steven W. Zelkowitz, Esq.
c/o GrayRobinson, P.A.  (P.O Box NOT acceptable)
1221 Brickell Avenue, Suite 1650, Miami, FL 33131
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an office-of director)  Thomas Feeley President (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
10/29/08
(Signature of Registered Agent)  If signing on behalf of an entity:
(Typed or Printed Name)  * * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)