

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000003245

1. Entity Name
NIRVANA CONDOMINIUM NO. FOUR ASSOCIATION, INC



FILED

09 MAR 16 AM 7:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
700 NORTHEAST 63RD STREET
MIAMI, FL 33138

Mailing Address
777 N.E 62th Street
Miami, Fla. 33138



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072009 REIN-NP

CR2E099 (1/07)

4. FEI Number
20-0937347

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, AARON
445 North Andrews Avenue
Suite 2
Fort Lauderdale, FL 33301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MARIO, SCOTT
700 NE 83RD ST UNIT D 303
MIAMI, FL 33138 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
PADILLA, MARIO
700 NE 63 ST #D510
MIAMI, FL 33138 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BREDENBACH, MARC
700 N.E. 63 ST #D307
MIAMI, FL 33138 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasury
Sal Russo
700 N.E. 63 St # D310
Miami, FL 33138 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Brooke Robertson
700 N.E. 63 St # D203
Miami FL 33138 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800145941238
03/16/09--01056--021 **122.50 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

MARIO PADILLA

3/9/09

954 600 5178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #