

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 26 AM 11:35

DOCUMENT # **N04000003512**

1. Corporation Name

**Guernica Condominium Association
INC.**

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

142 SW. 18 AVE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33135

Country

USA

3. Mailing Office Address

142 SW. 18 AVE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33135

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

Non-Profit Corporation

5. FEI Number

20-2465369

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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.

7. Name and Address of Current Registered Agent

Name

Ramon Carbajal

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

142 S.W. 18 AVE

Suite, Apt. #, Etc.

29

City

Miami

State

FL

Zip Code

33135

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

09/24/07

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
President	Ramon Carbajal	142 SW 18 AVE #29	Miami, FL 33135
V.P.	ZATUKI HAYADA	142 SW 18 AVE #31	Miami, FL 33135
Treasurer	Carlos Rodriguez	142 SW 18 AVE #19	Miami, FL 33135

REINSTATEMENT

[Handwritten initials]

09/28/07--01011--004 **236.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

09/24/07

Date

954-536-5453

Daytime Phone #