

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 MAY -3 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000004884

1. Entity Name  
MARIANAO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
901 PONCE DE LEON BOULEVARD  
SUITE 304  
CORAL GABLES, FL 33134

Mailing Address  
901 PONCE DE LEON BOULEVARD  
SUITE 304  
CORAL GABLES, FL 33134

2. Principal Place of Business  
1500 San Remo Avenue

3. Mailing Address  
1500 San Remo Avenue

Suite, Apt. #, etc.  
Suite #290

Suite, Apt. #, etc.  
Suite #290

City & State  
Coral Gables, FL

City & State  
Coral Gables, FL

Zip  
33146

Country  
U.S.A.

Zip  
33146

Country  
U.S.A.



**REINSTATEMENT**

05-08

4. FEI Number  
20-3150272

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELENDEZ, SERGIO L  
901 PONCE DE LEON BOULEVARD  
SUITE 304  
CORAL GABLES, FL 33134

1500 San Remo Ave.  
Suite #290  
Coral Gables, FL  
33146

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, if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/06

FILE NOW!!! FEE IS \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President, Secretary & Treasurer JORGE MESA 14045 S. W. 30th St. Miami, FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	800076067512 06/12/06--01013--006 **297.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jorge Mesa

4/25/06

(305) 667-0112

K. Eckel MAY 10 2006