

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAY -4 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000005214

1. Corporation Name

Evergreen South Condominium Assoc.

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

13644 S.W. 142 Ave

3. Mailing Office Address

13644 S.W. 142 Ave

Suite, Apt. #, etc.

UNIT F

Suite, Apt. #, etc.

UNIT F

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33186

Country

Zip

33186

Country

REINSTATEMENT 05-07

3/06/06 60098 008 \$294.50

4. Date Incorporated or Qualified  
To Do Business in Florida

5/24/04

5. FEI Number

650103141

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 PATRICIA Martijn

Street Address (P.O. Box Number is Not Acceptable)  
13644 SW 142 Ave

Suite, Apt. #, Etc.  
UNIT A

City MIAMI

State FL

Zip Code 33186

☒ 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.

08/22/05 90061 009 \$61.25

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 4/30/07

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
D	PATRICIA Martijn	13644 SW 142 Ave, F UNIT F	MIAMI, FL. 33186
D	Fred Laemmerhirt	13644 SW 142 Ave, F	MIAMI, FL. 33186
D	Nick Troonin	13644 SW 142 Ave, F	MIAMI, FL. 33186

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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

Date

4/30/07

Daytime Phone #

305/323-8533