

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 18 PM 1:31

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N04000006871**

1. Corporation Name

1675 PLAZA CONDOMINIUM ASSOC., INC.

2. Principal Office Address

1681 NW 97TH AVE.

Suite, Apt. #, etc.

City & State

DORAL, FL.

Zip

33172

Country

USA

3. Mailing Office Address

1681 NW 97TH AVE.

Suite, Apt. #, etc.

City & State

DORAL, FL.

Zip

33172

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/14/04

5. FEI Number

300309742

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

RICHARDO DE LEO

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

1681 NW 97TH AVE.

Suite, Apt. #, Etc.

City

DORAL,

State

FL

Zip Code

33172

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]

Date **10/16/06**

REGISTERED AGENT MUST SIGN

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
PD	SANTE DE LEO	1681 NW 97 AV. DORAL, FL.	DORAL, FL. 33172
SD	RICHARDO DE LEO	1681 NW 97 AVENUE	DORAL, FL 33172
TD	ROBERTO DE LEO	1681 NW 97 AVENUE	DORAL, FL. 33172

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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]

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/06 3055940850

Date

Daytime Phone #