

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 DEC 20 PM 4: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000010635

1. Corporation Name

Studio 744 Condominium Association, Inc.

**REINSTATEMENT** 05-06

000053004

2. Principal Office Address

744 Lenox Avenue

3. Mailing Office Address

744 Lenox Avenue

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33139

Country

Dade

Zip

33139

Country

Dade

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

Serfaty, Charles S

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

4340 Sheridan Street

Suite, Apt. #, Etc.

Second Floor

City

Hollywood

State

FL

Zip Code

33021

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

Charles S. Serfaty  
REGISTERED AGENT MUST SIGN

Date 11/27/06

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
<u>President</u>	<u>Marcos Guinaldo</u>	<u>744 Lenox Ave, Unit 1</u>	<u>Miami Beach FL 33139</u>
<u>V. Pres</u>	<u>Cecile Colgazier</u>	<u>744 Lenox Ave, Unit 5</u>	<u>Miami Beach FL 33139</u>
<u>Treasurer</u>	<u>Heather Hughes</u>	<u>744 Lenox Ave, Unit 3</u>	<u>Miami Beach FL 33139</u>

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

Heather L. Hughes

Date

11/21/06

Daytime Phone #

(305) 348-7254