

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG -9 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000002266

1. Corporation Name

Sunset Point of South Miami Condo-
minium Association, Inc.

REINSTATEMENT 06-07

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

2510 NW 97 Ave

3. Mailing Office Address

2510 NW 97 Ave.

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

#200

City & State

DORAL, FL.

City & State

DORAL, FL.

Zip

33172

Country

Zip

33172

Country

U.S.A.

07/13/07 01057 004 \$61.25

07/13/07 01057 003 \$236.25

4. Date Incorporated or Qualified
To Do Business in Florida

3/4/05

5. FEI Number

20-8584532

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

Sylvia Pique

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

Excel Management Assoc. 2510 NW 97 Ave

Suite, Apt. #, Etc.

#200

City

DORAL

State

FL

Zip Code

33172

☐ 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.

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

Sylvia Pique

REGISTERED AGENT MUST SIGN

Date

7/23/07

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
DP	Alexis McKenney	5839 S.W. 74 Terra #101	Miami, FL 33143
DUP	Luis Guzman	7355 S.W. 154 Terra	Miami, FL 33157
D	Nicole Ferrando	5839 S.W. 74 Terra #305	Miami, FL 33157.

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: X

Alexis McKenney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/26/07

Daytime Phone #

305-436-6655