

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000002518

**FILED**  
**Oct 05, 2007**  
**Secretary of State**

**Entity Name:** 223 CALABRIA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

223 CALABRIA AVE APT 11  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

223 CALABRIA AVE APT 11  
CORAL GABLES, FL 33134

**New Mailing Address:**

C/O ALL STATES SERVICES CORP.  
520 BRICKELL KEY DR, #616  
MIAMI, FL 33131

**FEI Number:** 20-4225830      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CRESPO, RAMON  
223 CALABRIA AVE APT 11  
CORAL GABLES, FL 33134      US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** RAMON CRESPO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P      ( ) Delete  
**Name:** CRESPO, RAMON  
**Address:** 223 CALABRIA AVE APT 11  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** D      ( ) Delete  
**Name:** MATOUK, MARCO  
**Address:** 223 CALABRIA AVE APT 9  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** TS      (X) Delete  
**Name:** LLEVADA, JERRY  
**Address:** 223 CALABRIA AVE APT 1  
**City-St-Zip:** CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PD      (X) Change ( ) Addition  
**Name:** CRESPO, RAMON  
**Address:** 223 CALABRIA AVE APT 11  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** TSD      (X) Change ( ) Addition  
**Name:** LLEVADA, JERRY  
**Address:** 223 CALABRIA AVE APT 1  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** RAMON CRESPO

Electronic Signature of Signing Officer or Director

PD

10/05/2007

Date