

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 OCT 17 AM 7:39

DOCUMENT # N05000004419

1. Corporation Name

SOLIVITA WEST COMMUNITY ASSOCIATION, INC.

2. Principal Office Address

201 ALHAMBRA CIRCLE

3. Mailing Office Address

201 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

12TH FLOOR

Suite, Apt. #, etc.

12TH FLOOR

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/28/05

5. FEI Number

20-4952238

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

JUANITA I. KERRIGAN

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

201 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.

12TH FLOOR

City

CORAL GABLES

State

FL

Zip Code

33134

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

*Juanita I. Kerrigan*

REGISTERED AGENT MUST SIGN

Date

10/16 /2006

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
P/D	DENNIS J. GETMAN	201 ALHAMBRA CIRCLE, 12TH FL	CORAL GABLES, FL 33134
V/D	ANTHONY S. IORIO	201 ALHAMBRA CIRCLE, 12TH FL	CORAL GABLES, FL 33134
S/T/D	JUANITA I. KERRIGAN	201 ALHAMBRA CIRCLE, 12TH FL	CORAL GABLES, FL 33134

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10/13/06--01042--015 \*\*245.00

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:

*Juanita I. Kerrigan*

JUANITA I. KERRIGAN

10/16/2006 305 442 7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

G. Mitchell