

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 NOV 21 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N05000004625**

1. Corporation Name

Mirassou Condominium Association, Inc.

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

5979 NW 151 Street

Suite, Apt. #, etc

Suite # 101

City & State

Miami Lakes, FL 33014

Zip

33014

Country

Miami-Dade

3. Mailing Office Address

Suite, Apt. #, etc

City & State

Zip

Country

800213743948

10/27/11--01032--001 **600.00

CR2E081 (11/10)

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

FM Law Group, P.A.

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

14100 Palmetto Franchise Road

Suite, Apt. #, Etc.

Suite # 390

City

Miami Lakes, FL

State

FL

Zip Code

33016

REINSTATEMENT 2011

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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

Date

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
Pres.	Marlene M. León	60025 NW 186th St, #102	Miami, FL 33015
Treas	Yandro Diaz	6155 NW 186 St # 103	Miami, FL 33015
Sec	Derek Raveron	6155 NW 186 St # 301	Miami, FL 33015

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-582-7225