

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 NOV 19 PM 5:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000005619

1. Corporation Name

MENENDEZ PARK CONDOMINIUM ASSOCIATION, INC.

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

1360 SOUTH DIXIE HWY.

3. Mailing Office Address

1360 SOUTH DIXIE HWY

Suite, Apt. #, etc.

SUITE 355

Suite, Apt. #, etc.

SUITE 355

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/27/05

5. FEI Number
20-2946761

☐ 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

FRANCIS M. SWITZER

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

1360 SOUTH DIXIE HWY.

Suite, Apt. #, Etc

SUITE 355

City

CORAL GABLES

State

FL

Zip Code

33146

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 10/8/10

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
PD	CHRISTI ELIAS	1360 SOUTH DIXIE HWY. SUITE 355	CORAL GABLES, FL 33146
TD	FRANCIS M. SWITZER	1360 SOUTH DIXIE HWY. SUITE 355	CORAL GABLES, FL 33146
SD	CARLOS PINEDA	1360 SOUTH DIXIE HWY. SUITE 355	CORAL GABLES, FL 33146

10. E-mail Address: menendezcondo@gmail.com

(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., 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.

SIGNATURE:

10/8/10

305-663-3566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #