

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 22 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ND5000007686

1. Corporation Name

SUNSET STATION CONDOMINIUM ASSOCIATION, INC

REINSTATEMENT 06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
9000 SW 152 STREET

3. Mailing Office Address
9000 SW 152 STREET

Suite, Apt. #, etc.
102

Suite, Apt. #, etc.
102

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33176

Country
USA

Zip
33176

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 7/26/2005

5. FEIN Number
20-3269944

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
FOSTER J. SCOTT

Street Address (P.O. Box Number is Not Acceptable)
9000 SW 152 STREET

Suite, Apt. #, Etc.
#102

City
MIAMI

State
FL

Zip Code
33157

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

REGISTERED AGENT MUST SIGN

Date

5-17-07

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
P-D	REZA FARAJZADEH	12300 SW 68 CT	MIAMI, FL 33156
VP-D	JULIO ACOSTA	2701 S Bayshore Dr #500	MIAMI, FL 33139
S-D	CHARLES HENRIQUEZ	5975 Sunset Dr #702	MIAMI, FL 33143

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/07
Date

(305) 254-7228
Daytime Phone #

6/22