

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT *2006*
FILED *[Signature]*
06 OCT 24 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N05000008085**

1. Entity Name
INDIANA VIEW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**285 SEVILLA AVENUE
2ND FLOOR
CORAL GABLES, FL 33134**

Mailing Address
**285 SEVILLA AVENUE
2ND FLOOR
CORAL GABLES, FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10172006 REIN-NP CR2E099 (11/05)

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAMIREZ, RAFAEL (RALPH)
285 SEVILLA AVENUE
2ND FLOOR
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name *GARY KEBBEL*
Street Address (P.O. Box Number is Not Acceptable)
3170 Indiana Street
City *Miami* FL *33133*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/17/06

DATE

**FILE NOW!!! FEE IS \$61.25
After January 1, 2007, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **RAMIREZ, RAFAEL (RALPH)**
STREET ADDRESS **285 SEVILLA AVENUE 2ND FLOOR**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **SVD** ☒ Delete
NAME **GARCIA, JESUS**
STREET ADDRESS **285 SEVILLA AVENUE 2ND FLOOR**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **TD** ☐ Delete
NAME **GONZALEZ, NIVALDO JR.**
STREET ADDRESS **285 SEVILLA AVENUE 2ND FLOOR**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P.D.** ☒ Change ☐ Addition
NAME *GARY KEBBEL*
STREET ADDRESS *3170 Indiana Street*
CITY-ST-ZIP *Miami FL 33133*

TITLE **S.V.D.** ☒ Change ☐ Addition
NAME *ICANETH MASON*
STREET ADDRESS *3170 Indiana Street*
CITY-ST-ZIP *Miami FL 33133*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/06

DATE

(703) 582-6758

DAYTIME PHONE #