

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION'
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 SEP 16 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0500008272

1. Corporation Name
3433-3435 CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #
3435 SW 1st AVE.

3. Mailing Office Address
3435 SW 1st AVE.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL 33145

Zip Country
33145 USA

Zip Country
33145 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
8-11-2005

5. FEI Number
81-3836688

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
JOAO MARCELO BUENO ZAVITH

Street Address (P.O. Box Number is Not Acceptable)
3433 SW 1st AVE.

Suite, Apt. #, Etc.

City State Zip Code
MIAMI FL 33145

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09/16/16--01036--022 **726.25

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 [Signature]
REGISTERED AGENT MUST SIGN

Date 09/13/2016

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/T/D	MICHAEL R. BIJLANI	3435 SW 1 st AVE.	MIAMI FL 33145
S/N/D	CAROLINA VERDELHO	3433 SW 1 st AVE.	MIAMI FL 33145
D	ELYKE H. BIJLANI	3435 SW 1 st AVE.	MIAMI FL 33145

REINSTATEMENT

2008-2016

S. HAWKES
SEP 19 AM
EXAMINER

10. E-mail Address: MRBIJLANI@YAHOO.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., 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] MICHAEL R. BIJLANI 9-13-16 305-454-2230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #