

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


2007 OCT 16 AM 7:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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10/16/07--01059--014 \*\*297.50

**REINSTATEMENT** 06-07  
CR2E081 (1/07)

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N05000009141**

1. Corporation Name

Norma's Condominium at 1951 N.E. 167th Street Association, Inc.

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

1951 N.E. 167th Street

Suite, Apt. #, etc.

3. Mailing Office Address

1951 N.E. 167th Street

Suite, Apt. #, etc.

City & State

North Miami Beach, Florida

City & State

North Miami Beach, Florida

Zip

33162

Country

Miami-Dade

Zip

33162

Country

Miami-Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

9/6/2005

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  
Alfred Xiques, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
2950 SW 27 Avenue, Suite 300

Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33133

☐ 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

10/9/07

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
PSD	Daniel Alonso	17011 N. Bay Road, Apt. 519	Miami, FL 33160
VTD	Jose Dicataldo	91 NW 162 Street	Miami, FL 33169

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

Date

Daytime Phone #

10/18