

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 AUG 12 PM 2:10

ALLAHASSEE, FLORIDA

DOCUMENT # N05000009396

1. Corporation Name

POINCIANA AT FIRST A CONDOMINIUM ASSOCIATION, Inc

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

1644 NW 1 ST

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 452756

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33125

Country

US

Zip

33245

Country

US

07-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/2005

5. FEI Number

20-3756883

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

JOSE DOCE

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

2141 SW 1 ST

Suite, Apt. #, Etc.

105

City

MIAMI

State

FL

Zip Code

33135

300183441733
07/20/10--01002--006 **900.00

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 06/01/2010

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
DP	ORLANDO RODRIGUEZ	1644 NW 1 ST	MIAMI FL 33125
DS	Jorge L MOUTABA	9951 SW 48 ST	MIAMI FL 33165
DT	Jose Doce	PO BOX 452756	MIAMI FL 33245

2/20/10
8/12

10. E-mail Address: the12houses@aol.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-01-2010 305-6434079

Date

Daytime Phone #