


ATTACHMENTS 1 of 3

**2008 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT**FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 DEC 31 AM 11:48

DOCUMENT # N05000009726 1. Entity Name RIVE MARSEILLES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1185 MARSEILLES DRIVE MIAMI BEACH, FL 33141			Mailing Address 1185 MARSEILLES DR #308 MIAMI BEACH, FL 33141		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 90 LAM PO Box 330971			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami FL			
Zip		Country		Zip 33133	
Country USA		4. FEI Number 20-3520307			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. C/O LILLIANA M. FARINAS-SABOGAL, ESQ. 121 ALHAMBRA PLAZA, 10TH FLOOR CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILA, LENI 1185 MARSEILLE DRIVE MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Sddo 1185 marseille Dr. #110 Miami Bch FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STD QUINTERO, DIANA 1185 MARSEILLE DRIVE MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2008 K5 500139399675 02/20/08--90006--021 <input type="checkbox"/> Change <input type="checkbox"/> Addition \$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VP BIGAYER, DIANNE 1185 MARSEILLE DRIVE MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PISANO, NICHOLAS 1185 MARSEILLE DRIVE MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTANISLAO, CARLOS 1185 MARSEILLE DRIVE MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: SEE ATTACHED <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000009726			
1. Entity Name RIVE MARSEILLES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1185 MARSEILLES DRIVE MIAMI BEACH, FL 33141		Mailing Address 1185 MARSEILLES DR. #303 MIAMI BEACH, FL 33141	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 90 LAWN PO Box 330971 Suite, Apt. #, etc.	
City & State Miami FL		4. FEI Number 20-3520307	
5. Date of Status Desired 02/20/08		Applied For REIN-NP CR2E099 (1/07)	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. C/O LILLIANA M. FARINAS-SABOGAL ESQ. 121 ALHAMBRA PLAZA, 10TH FLOOR CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name: Robert Sddo Street Address: 1185 MARSEILLE DR. #110 City, State, Zip: Miami Beach FL 33141	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and office (if applicable) (NOTE: Registered Agent's signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50		In accordance with s. 607.133(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME VILA, LENI STREET ADDRESS 1185 MARSEILLE DRIVE CITY-STATE-ZIP MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Robert Sddo STREET ADDRESS 1185 MARSEILLE DR. #110 CITY-STATE-ZIP Miami Beach FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME QUINTERO, DIANA STREET ADDRESS 1185 MARSEILLE DRIVE CITY-STATE-ZIP MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	TITLE VP NAME QUINTERO, DIANA STREET ADDRESS 1185 MARSEILLE DRIVE CITY-STATE-ZIP MIAMI BEACH, FL 33141	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME BIGAYER, DIANNE STREET ADDRESS 1185 MARSEILLE DRIVE CITY-STATE-ZIP MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	TITLE VP NAME BIGAYER, DIANNE STREET ADDRESS 1185 MARSEILLE DRIVE CITY-STATE-ZIP MIAMI BEACH, FL 33141	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME PISANO, NICHOLAS STREET ADDRESS 1185 MARSEILLE DRIVE CITY-STATE-ZIP MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	TITLE D NAME PISANO, NICHOLAS STREET ADDRESS 1185 MARSEILLE DRIVE CITY-STATE-ZIP MIAMI BEACH, FL 33141	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ESTANISLAO, CARLOS STREET ADDRESS 1185 MARSEILLE DRIVE CITY-STATE-ZIP MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE D NAME ESTANISLAO, CARLOS STREET ADDRESS 1185 MARSEILLE DRIVE CITY-STATE-ZIP MIAMI BEACH, FL 33141	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 317, Florida Statutes, and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 12/11/08 <small>DATE DAYTIME PHONE #</small>	

Living Miami Management, Inc.

2809 Bird Avenue, Suite A, Miami, FL 33133

November 29, 2008

Department of State Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**RE: Florida Non Profit Corporation
RIVE MARSEILLES CONDOMINIUM ASSOCIATION
DOC # 05 00000 9726**

Dear Sir or Madam:

On November 8, 2008, we sent your office a letter stating that although we had filed and paid for our Annual Report in February of 2008, the records in Tallahassee reflected that the above mentioned Association was administratively dissolved on 9/26/08 for failure to file the Annual Report.

We have subsequently found out from your office that the Annual Report had been rejected however we never received the rejection letter.

We spoke with someone in your office last week and we were instructed to complete the reinstatement and send this letter in order to resolve this issue. Please note that the fees were already paid on February 22, 2008 with check number 1091.

Please reinstate the above mentioned corporation at your earliest convenience. If you need any further information, please do not hesitate to call me at (305) 569-9455 or email me at melanie@livingmiamimanagement.com.

Thank you in advance for your time and we look forward to hearing from you.

Sincerely,



Melanie Ondruska