

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000010233

1. Corporation Name

TOWNHOMES OF BLUEWATERS PROPERTY
OWNER'S ASSOCIATION, INC.

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

12515 N. Kendall Dr.

Suite, Apt. #, etc.

#328

City & State

Miami, Florida

Zip

33186

Country

3. Mailing Office Address

5805 Blue Lagoon

Suite, Apt. #, etc.

#310

City & State

Miami, Florida

Zip

33126

Country

7. Name and Address of Current Registered Agent

Name

Robert E. Paige, Esq.

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

9500 South Dadeland Blvd

Suite, Apt. #, Etc.

Suite 550

City

Miami

State

FL

Zip Code

33156

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

2-10-2010

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
PD	Balestena, Antonio	12515 N. Kendall Dr. #328	Miami, FL 33186
VD	Fernandez, Jorge	12515 N. Kendall Dr. #328	Miami, FL 33186
STD	Quintero, Javier	12515 N. Kendall Dr. #328	Miami, FL 33186

8/6/21

10. E-mail Address:

(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:

Javier Quintero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/19/10

Daytime Phone #

FILED

10 JUN 18 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600182388516
06/21/10--01004--005 **236.25

REINSTATEMENT

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

10-04-2005

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.