

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 11 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000012285

1. Corporation Name

THREE ROUND TOWERS RESIDENT ASSOCIATION INC.

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

2940 N.W. 18 AVE.

3. Mailing Office Address

2940 N.W. 18 AVE.

Suite, Apt. #, etc.

9B

Suite, Apt. #, etc.

9B

City & State

MIAMI - FL.

City & State

MIAMI - FL.

Zip

33142

Country

DADE

Zip

33142

Country

DADE

500171830185

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CR2E081 (11/09)

09/10

4. Date Incorporated or Qualified
To Do Business in Florida

12-8-2005

5. FEI Number

300148748

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

MIRIAM RODRIGUEZ

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

2940 N.W. 18 AVE.

Suite, Apt. #, Etc.

9B

City

MIAMI

State

FL

Zip Code

33142

☒ 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

Miriam Rodriguez

REGISTERED AGENT MUST SIGN

Date 3-1-2,010

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
President	MIRIAM RODRIGUEZ	2940 N.W. 18 AVE. # 9B	MIAMI - FL. 33142
Vice President	NINIA VALDEZ	2940 N.W. 18 AVE. # 4J	MIAMI - FL. 33142
Treasurer	JOSE CAPOTE	2940 N.W. 18 AVE. # 3B	MIAMI - FL. 33142
S.	JOSE MOLINA	2940 N.W. 18 AVE. # 8E	MIAMI - FL. 33142
S.	PABLO VARGAS TORRES	2940 N.W. 18 AVE. # 2K	MIAMI - FL. 33142

REINSTATEMENT

RM

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: *Miriam Rodriguez* MIRIAM RODRIGUEZ - PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-2,010 (305) 310-6846

Date

Daytime Phone #