

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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DOCUMENT # **N05094**

1. Corporation Name

**ARCOEN CONDOMINIUM #1, A CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7210 S.W. 39TH TERRACE  
 MIAMI FL 33155

7210 S.W. 39TH TERRACE  
 MIAMI FL 33155



**REINSTATEMENT**

**00**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>ANTONIA O. RODRIGUEZ</b>		3. New Mailing Office Address, If Applicable <b>1344 W. 44 STREET</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>09/11/1984</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2513803</b>	
City & State		City & State <b>HALEAH, FL.</b>		Applied For Not Applicable	
Zip	Country	Zip <b>33012</b>	Country <b>U.S.A</b>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>PD</del> <del>AF</del>	<del>MOURIN, CARLOS J.</del> <b>ANTONIA O. RODRIGUEZ</b>	<del>844 W. 71ST STREET</del> <b>1344 W. 44 STREET</b>	<del>HALEAH FL</del> <b>HALEAH, FLORIDA</b>
<del>GD</del> <del>D.</del>	<del>GARCIA, M.F.</del> <b>MARTA L. CANDELARIA</b>	<del>7210 S.W. 39TH TERRACE</del> <b>1342 W. 44 STREET</b>	<del>MIAMI FL</del> <b>HALEAH, FLORIDA</b>
<del>JD</del> <del>S</del>	<del>PEREZ-GURRI, JUAN</del> <b>IRMA BOVEDA</b>	<del>10310 SW 107TH CT</del> <b>1340 W. 44 STREET</b>	<del>MIAMI FL</del> <b>HALEAH, FLORIDA</b>
			<b>600003496816--8</b>
			<b>-12/12/00--01040--016</b>
			<b>****236.25 ****236.25</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARCIA, M.F. 7210 S.W. 39TH TERRACE MIAMI FL 33155	Name <b>ANTONIA O. RODRIGUEZ</b>
	Street Address (P.O. Box Number is Not Acceptable) <b>1344 W. 44 STREET</b>
	Suite, Apt. #, Etc.
	City <b>HALEAH</b>
	State <b>FL</b>
	Zip Code <b>33012</b>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED** Date **11/11/00**  
 REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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 REQUIRED** Date **11/11/00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/00)

**AD**