

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 NOV 24 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N06000000116

1. Corporation Name

1100 Office Center Condominium Assoc., Inc. +

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

1100 S State Road 7

Suite, Apt. #, etc.

Suite 103

City & State

Margate, FL

Zip

33068

Country

US

3. Mailing Office Address

1100 S State Road 7

Suite, Apt. #, etc.

Suite 103

City & State

Margate, FL

Zip

33068

Country

US

000137574220  
11/03/08--01055--005 \*\*122.75  
CR2E081 (10/08)

4. Date Incorporated or Qualified  
To Do Business in Florida 6/1/2006

5. FEI Number  
14-1950397

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

Scott Carothers

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

10275 W Sample Road

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

☒ 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

REGISTERED AGENT MUST SIGN

Date 10-28-08

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
P	Gonzalo Gil	1100 S State Road 7, #103	Margate, FL 33068
D	Graig Cardinale	1100 S State Road 7, #103	Margate, FL 33068
D	Ray Torres	1100 S State Road 7, #103	Margate, FL 33068

REINSTATEMENT 07-08 KS

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/18/08

Daytime Phone #

9545496392