

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

DOCUMENT # N06000004697

1. Entity Name
ROYAL POINCIANA CONDOMINIUM ASSOCIATION OF
MIAMI SPRINGS, INC.



MAR 11 AM 6:03

Principal Place of Business
241 SOUTH ROYAL POINCIANA BLVD.
MIAMI SPRINGS, FL 33175

Mailing Address
241 SOUTH ROYAL POINCIANA BLVD.
MIAMI SPRINGS, FL 33175

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-19-08

2. Principal Place of Business - No P.O. Box #
12350 SW 132 Court

3. Mailing Address
12350 SW 132 Ct

Suite, Apt. #, etc.
Suite 114

Suite, Apt. #, etc.
Suite 114

City & State
Miami, FL

City & State
Miami FL

Zip
33186

Country
USA

Zip
33186

Country
USA

02142008 REIN-NP CR2E099 (1/07)

REINSTATEMENT

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALOYRA, JOSE L
2950 SW 27TH AVE., SUITE 300
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name
Jose L. Baloyra

Street Address (P.O. Box Number is Not Acceptable)
5835 Blue Lagoon Dr. Ste. 302

City
Miami

FL

Zip Code
33126

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 Jose Baloyra

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MEDEROS, JORGE
5835 BLUE LAGOON DR., SUITE 302
MIAMI, FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
MEDEROS, ZANDRA
5835 BLUE LAGOON DR., SUITE 302
MIAMI, FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GUERRA, SONNIA
5835 BLUE LAGOON DR., SUITE 302
MIAMI, FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700119930307
03/11/08--01008--004 *#236.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #