

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

18 DEC -9 PM 3:33

DOCUMENT # N06000004934

1. Corporation Name

MAGNOLIA LANE CONDOMINIUM ASSOCIATION, INC

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

6625 MIAMI LAKES DRIVE

Suite, Apt. #, etc.

SUITE 365

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

3. Mailing Office Address

6625 MIAMI LAKES DRIVE

Suite, Apt. #, etc.

SUITE 365

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida
05/04/2006

5. FET Number

06-1794435

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

CUEVAS, GARCIA & TORRES, P.A.

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

7300 N. KENDALL DRIVE

Suite, Apt. #, Etc.

SUITE 680

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

Date 11/15/2018

REGISTERED AGENT MUST SIGN

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	SOSA, MAURICIA M	6625 MIAMI LAKES DR., #365	MIAMI LAKES, FL 33014
S	DE ARMAS, EMISLEY	6625 MIAMI LAKES DR., #365	MIAMI LAKES, FL 33014
T	SANTANA, DENIS	6625 MIAMI LAKES DR., #365	MIAMI LAKES, FL 33014

10. E-mail Address: accounting@cuevaslaw.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

MAURICIA SOSA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/2018

3054619500

Date

Daytime Phone

Quincy Ryan

T MOORE
DEC 04 2018