

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000007930

1. Entity Name
MIAMI LAKES CORPORATE CENTER CONDOMINIUM
ASSOCIATION, INC.



FILED

07 NOV -6 AM 10:35

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2601 SOUTH BAYSHORE DRIVE, SUITE 200
MIAMI, FL 33133

Mailing Address
2601 SOUTH BAYSHORE DRIVE, SUITE 200
MIAMI, FL 33133

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1004701 REINSTATEMENT (1/07) 07

4. FEI Number
20-4616123

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROLLNICK, NEIL S
2525 PONCE DE LEON BOULEVARD, SUITE 400
CORAL GABLES, FL 33134

Name JACK KAPLAN % NEW DAWN MIAMI LAKES
Street Address (P.O. Box Number is Not Acceptable)
2601 SOUTH BAYSHORE DRIVE SUITE 200
City COCONUT GROVE FL Zip Code 33133

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 Jack Kaplan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11-1-07

FILE NOW!!! FEE IS \$236.25
After January 1, 2008, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME GITLIN, BRIAN
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, SUITE 200
CITY-ST-ZIP MIAMI, FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000111015730
10/19/07--01055--013 **236.25

TITLE DV
NAME MUNOZ, JUAN
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, SUITE 200
CITY-ST-ZIP MIAMI, FL 33133 ☐ Delete

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

TITLE DST
NAME CRUZ, KATALINA
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, SUITE 200
CITY-ST-ZIP MIAMI, FL 33133 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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 #

Katalina Cruz 10-17-07 305 476-9187