

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 08 DEC 22 AM 8:19

**CORPORATION  
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # n06000008928

1. Corporation Name

1900 building condominium association,inc

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

1900 n university dr

3. Mailing Office Address

Suite, Apt. #, etc.

administration

Suite, Apt. #, etc.

City & State

pembroke pines fl

City & State

Zip

Country

33024

Zip

Country

900139210789  
 12/22/08--01065--004 \*\*122.50  
**REINSTATEMENT** 07-08

4. Date Incorporated or Qualified  
 To Do Business in Florida

08/23/2006

5. FEI Number  
 none

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

carmen kincaid

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

1900 n university dr

Suite, Apt. #, Etc.

administration

City

pembroke pines

State

FL

Zip Code

33024p

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

12/19/08

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	carmen kincaid	1900 n university dr	pembroke pines fl 33024
vp	charles kincaid	1900 n university dr	pembroke pines fl 33024

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/08

Date

(954)325-4780

Daytime Phone #

12/23