

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 APR 29 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N06000010915

1. Corporation Name

3355 3357 CONDOMINIUM

300178922143  
04/29/10--01033--015 \*\*358.75

**REINSTATEMENT** 08-10

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

3355 SW 1 AVENUE

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

SAME AS PRINCIPAL

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FL

City & State

SAME AS PRINCIPAL

Zip

33145

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/18/06

5. FEI Number

061813727

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

ENRIQUE HERRERO

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

3355 SW 1 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33145

**PROFIT CORPORATIONS ONLY**

☐ The \$800.00 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

4/27/10

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	ENRIQUE HERRERO	3355 SW 1 AVENUE	MIAMI, FL 33145
		04/30	

10. E-mail Address: FDBREGON@MAILBIZ.COM

EHERRERO@HERREROANDSONS.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., 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.

SIGNATURE:

ENRIQUE HERRERO

Date

4/27/10 (305) 281-2044

Daytime Phone #