

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N06000011465**

1. Corporation Name

3095-3097 Ohio Condominium Association, Inc.

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

3095-3097 Ohio St

3. Mailing Office Address

3097 Ohio St

Suite, Apt. #, etc.

Unit 3097

Suite, Apt. #, etc.

Unit 3097

City & State

Coconut Grove, FL

City & State

Coconut Grove FL

Zip

33133

Country

US

Zip

33133

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ 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

Jose L. Baloyra, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
2950 SW 27th Avenue

Suite, Apt. #, Etc

Suite 100

City

Miami

State

FL

Zip Code

33032

200166854532  
01/21/10--01043--007 \*\*358.75

200166854532  
08/22/12--01027--008 \*\*122.50

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

8/7/12

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
Dir	Anat Galor	3097 Ohio Street	Coconut Grove, FL 33133
Dir	Michele Caringella	P.O. Box 14174	Coral Gables, FL 33134

10. E-mail Address:

agalar@med.miami.edu.  
(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.817.165, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/14/12

Daytime Phone #

305-450-6050

FILED

2012 AUG 22 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

CR2E081 (11/10)

08-12

Williams AUG 22 2012