

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -6 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000009375

1. Corporation Name

Havana Gardens Condominium Association, Inc.

000164771190
01/06/10--01042--001 **122.50

REINSTATEMENT 08-09

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

1145-53 SW 6 St.

Suite, Apt. #, etc.

3. Mailing Office Address

8885 SW 161 St.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33130

Country

USA

Zip

33157

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/21/2007

5. FEI Number

263438128

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

Sergio Fernandez

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

8885 SW 161 ST.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

☒ 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

REGISTERED AGENT MUST SIGN

Date

12/29/09

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
MGR	Sergio Fernandez	8885 SW 161 St.	Miami, FL 33157
MGR	David Basadre	10961 SW 47 St.	Miami, FL 33157

DC 1/8

10. E-mail Address: Sergio Fernandez @ bellsouth.net

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/09

Date

Daytime Phone #