

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUN 24 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/27/02--01010--022
****358.75 ****358.75

DOCUMENT # N10137

1. Corporation Name **CHRISTINE VILLAS CONDOMINIUM
ASSOCIATION, INC**
2901 SW 79TH CT.
MIAMI, FL. 33155

2. Principal Office Address
2901 SW 79TH CT.
MIAMI, FL. 33155

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33155

Country

USA

3. Mailing Office Address
5425 W 26TH AVE.
HIALEAH, FL. 33016

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

Zip

33016

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 07/10/1985

5. FEI Number

N/A

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

MERIDO MACHADO

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

2901 SW 79TH CT.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

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 06/12/02

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/D | MERIDO MACHADO | 2901 SW 79TH CT | MIAMI, FL. 33155 |
| S/D | MARIA I SANCHEZ | 5425 W 26TH AVE. | HIALEAH, FL. 33016 |
| T/D | GILDA FERNANDEZ | 5457 W 26TH AVE. | HIALEAH, FL. 33016 |
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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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/12/02

Date

305-261-0657

Daytime Phone #

CR2E081 (8/01)