FILED
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09 OCT 15 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10973

1. Corporation Name

MODELIA TOWNHOUSE CONDOMINIUM, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2844 SW 26 STREET	2844 SW 26 STREET
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33133 County:	Zip: 33133 County:

CR2E081 (12/06)

4. Date Incorporated or Qualified To Do Business in Florida: 09/05/1985

5. FEI Number: Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JOSEITO LAY

Street Address (P.O. Box Number is Not Acceptable): 2844 SW 26 STREET

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33133

☑ 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: Joseito Lay Date:

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
PD	JOSEITO LAY	2844 SW 26 STREET	MIAMI, FL 33133
SD	SOOI BEE LAY	2844 SW 26 STREET	MIAMI, FL 33133
TD	ROBERTO LAY	2844 SW 26 STREET	MIAMI, FL 33133

REINSTATEMENT RH

10. I certify that I am an officer or director of the successor 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: Joseito Lay 8-15-2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

001483.113068

CORPORATION REINSTATEMENT

MODELIA TOWNHOUSE CONDOMINIUM, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$1,696.00~~

1408.75
$1470, waive
Penalty fee *

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