

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 25 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N11204

1. Corporation Name

Residencial El Prado Condominium Association, Inc

2. Principal Office Address

2730 W 61 P1 #107

Suite, Apt. #, etc.

#107

City & State

Hialeah, FL

Zip

33016

Country

U.S.A

3. Mailing Office Address

2500W 78 st Bay 4

Suite, Apt. #, etc.

Bay #4

City & State

Hialeah, FL

Zip

33016

Country

U.S.A

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-2861645

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Florida's Property management Group, Corp.

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

2500 W 78St Bay #4

Suite, Apt. #, Etc.

Bay #4

City

Hialeah

State
FL

Zip Code

33016

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

9/22/03

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	Marcos Ceballos	3299 W 76 P1 #103	Hialeah, FL, 33016
PD	Francisco Imbert	2765 W 60 P1 # 201	Hialeah, FL, 33016
PD	Noris Collado	2730 W 61 P1 # #107	Hialeah, FL, 33016
SD	Mario Tellez	2740 W 62 St # 205	Hialeah, FL, 33016

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

Date

Daytime Phone #

9/18/03

305.548-5747

21 9/25