


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

H09000221092 3  
09 OCT 15 AM 7:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N12284

1. Corporation Name:

24 AND 56 CONDOMINIUM ASSOCIATION, INC.

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

CR2E081 (12/08)

4. Date incorporated or qualified To Do Business in Florida	11/26/1985
5. FEI Number	Agency Fee 4
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	7. Additional Fee required for 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

State, 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	SODI 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 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 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 Date: 8-15-2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

To: FL Dept. of State  
Subject: 001483.113068

From: Katie Wonsch

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Division of Corporations

<https://efile.sumbiz.org/scripts/efilcovr.exe>

Florida Department of State  
Division of Corporations  
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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**

**24 AND 56 CONDOMINIUM ASSOCIATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	<del>\$694</del> 75

\* 428.75, Waive  
penalty fee \*

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