

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 FEB 14 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

04-05

**DOCUMENT # N13993**

1. Entity Name  
CONDOMINIUM "G" ASSOCIATION AT MEDITERRANEA, INC



Principal Place of Business  
P.O. BOX 693428  
MIAMI, FL 33269-0428

Mailing Address  
P.O. BOX 693428  
MIAMI, FL 33269-0428

2. Principal Place of Business  
19501 NE 10th Ave  
Suite, Apt. #, etc.  
Suite 300  
City & State  
Miami FL  
Zip  
33179  
Country  
Dade

3. Mailing Address  
19501 NE 10th Ave  
Suite, Apt. #, etc.  
300  
City & State  
Miami FL  
Zip  
33179  
Country  
Dade

4. FEI Number  
52-2660491

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MCCOY, JR, FREDERICK D  
325-5 IVES DAIRY ROAD  
MIAMI, FL 33179

7. Name and Address of New Registered Agent  
Name  
MJB Management Services, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
19501 NE 10th Ave  
Suite 300  
City  
Miami FL Zip Code  
33179

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Elizabeth Gutierrez* Elizabeth Gutierrez 2/9/05  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEORGE, JOYCE A 331-2 IVES DAIRY ROAD MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PUNJWANI, HUSSAIN 329-5 IVES DAIRY ROAD MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700047043527 02/22/05--01024--013 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYES, RICARDO 327-3 IVES DAIRY ROAD MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD Reyes, Ricardo 327-3 Ives Dairy Road Miami FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VPD Michaels, Jason 325-8 Ives Dairy Road Miami FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DD Nault, Betty 325-4 Ives Dairy Road Miami FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *El F* 2/9/05 305-652-3701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #