

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2015 NOV -3 AM 10:06

DOCUMENT # N14000007748

1. Corporation Name

Smathers Plaza Resident Council, Inc.

2. Principal Office Address - No P.O. Box #

935 SW 30 Ave

Suite, Apt. #, etc.

Apt 85

City & State

Miami, Florida

Zip

33135

Country

USA

3. Mailing Office Address

935 SW 30 Ave

Suite, Apt. #, etc.

Apt 85

City & State

Miami, Florida

Zip

33135

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/14

5. FEI Number

☒ 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

FRANCISCO QUINTANA

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

935 SW 30 Avenue

Suite, Apt. #, Etc.

Apt 85

City

Miami

State

FL

Zip Code

33135

300278770983
11/03/15--01027--019 **236.25

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

Francisco Quintana

REGISTERED AGENT MUST SIGN

Date 10/27/15

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	FRANCISCO QUINTANA	935 SW 30 Ave. Apt 85	Miami, FL, 33135
VP	ALFREDO BALAEZ	935 SW 30 Ave. Apt 22	Miami, FL. 33135
T	EDUARDO SAAVEDRA	2970 S.W 9th Street Apt. 312	Miami, FL. 33135
CS	YOLANDA LEON	935 SW 30 Ave. Apt 1406	Miami, FL. 33135
RS	ALICIA YCAZA	935 SW 30 Ave. Apt 1407	Miami, FL. 33135
		2013	

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: x

Francisco Quintana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/15 (305) 967-2511

Date Daytime Phone #