

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -5 AM 8:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N16617

1. Corporation Name

LA PLAYA DE VARADERO III
MOTEL CONDOMINIUM ASSOCIATION, INC

400028400524
02/09/04--01020--016 **61.25

REINSTATEMENT 03-04

2. Principal Office Address

17749 Collins Ave

Suite, Apt. #, etc.

3. Mailing Office Address

7601 East Treasure Drive

Suite, Apt. #, etc.

CU #9

City & State

SUNNY Isles FL

City & State

North Bay Village F

Zip

33160

Country

DADE

Zip

33141

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2719514

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

DAVID ROGEL

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

5201 BLUE LAGOON DR

Suite, Apt. #, Etc.

100

City

MIAMI

State

FL

Zip Code

33124

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. 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	LAMADRIE, ALFREDO	343-191st Street	GOLDEN SHORES FL 33160
V.P. SD	FERNANDEZ, LUIS	2049 SW 103rd COURT	MIAMI FL 33165
TD	REYES, SANTIAGO	1858 SW 175th AVE	MIRAMAR FL 33029
Director	LORENZO, ARTURO	590 W 34th AVE	HIALEAH FL 33012
Director	ALMAGUER, ANTONIN	15002 SW 74th PLACE	MIAMI FL 33158

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 #

attachment

#N16617

**La Playa De Varadero III
Motel Condominium Association, Inc.**

7601 East Treasure Drive CU#9
North Bay Village, FL 33141

January 12, 2004

Dept of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: N16617
2003 Annual/Uniform Business Report

Dear Representative,

Included is the 2003 Uniform Business Report. Please be advised that I did not receive any notification about this report during this year. I just found out about the status of this corporation recently and was surprised to find out it was dissolved.

As such, please accept this check for \$61.25 to process my 2003 Uniform Business Report. I will also need a form to pay for the 2004 Uniform Business Report by 5/1/04. I also assure you all future reports will be filed timely now that I know of this filing requirement.

Sincerely,

Alfredo Lamadriz

Alfredo Lamadriz
President