

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 JUN 16 AM 9:04

DOCUMENT # N17701

1. Corporation Name

GRAPE TREE TOWNHOUSES CONDOMINIUM ASSOCIATION, INC

2. Principal Office Address

2100 WEST 76TH STREET

Suite, Apt. #, etc.

401

City & State

HIALEAH, FLORIDA

Zip  
33016-5504

Country  
USA

3. Mailing Office Address

2100 WEST 76TH STREET

Suite, Apt. #, etc.

401

City & State

HIALEAH, FLORIDA

Zip  
33016-5504

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11-07-1986

5. FEI Number

20-5009284

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

JOSE PORTNOY

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

2100 WEST 76TH STREET

Suite, Apt. #, Etc.

401

City

HIALEAH

State

FL

Zip Code

33016-5504

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

Date 06-12-2006

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
P/D	MIGDALIA E. PRESTAN	2100 WEST 76TH STREET	HIALEAH, FL 33016
S/T/D	JAIME PALENCIA SUAREZ	2100 WEST 76TH STREET	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 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

*M. Prestan* PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-12-2006

Date

305-231-7757

Daytime Phone #