

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 MAY -6 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20990

1. Corporation Name

Sunset Palmetto Park Phase V Condominium Association Inc.

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

6820 NW 77 Court

Suite, Apt. #, etc.

3. Mailing Office Address

6820 NW 77 Court

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33166

Country

Miami-Dade

Zip

33166

Country

Miami-Dade

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

None

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

Robert Wayne

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

1225 SW 87 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33174

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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 5-5-14

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	Claudio Santarossa	6820 NW 77 Court	Miami, FL 33177
S	Mirtha Santarossa	6820 NW 77 Court	Miami, FL 33177

MAY - 6 2014

L. SELLERS

REINSTATEMENT

89-2014

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-14

Date

305-284-5397

Daytime Phone