

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N21245

1. Corporation Name

DESERT INN BEACH AND TENNIS CLUB  
CONDOMINIUM ASSOCIATION, INC.

\$291.50

04 APR 19 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address

17070 COLLINS AVENUE

Suite, Apt. #, etc.

263

City & State

SUNNY ISLES BEACH, FL

Zip

33160

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

MIAMI-DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

06/22/1987

5. FEI Number

59-2827544

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

OLGA ALEMAN DE LOS SANTOS, ESQ.

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

17070 COLLINS AVENUE

Suite, Apt. #, Etc.

263

City

SUNNY ISLES BEACH

State  
FL

Zip Code  
33160

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

4-16-00

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
PD	MARC S. COLEMAN	17070 COLLINS AVE, STE 263	SUNNY ISLES BEACH, FL 33160
VP D	ASTOLFO LOSADA	17070 COLLINS AVE, STE 263	SUNNY ISLES BEACH, FL 33160
ST D	RANDALL LEE HODGES	17070 COLLINS AVE, STE 263	SUNNY ISLES BEACH, FL 33160
D	ANGEL HERNANDEZ	17070 COLLINS AVE, STE 263	SUNNY ISLES BEACH, FL 33160
D	ANDREW ALDI	17070 COLLINS AVE, STE 263	SUNNY ISLES BEACH, FL 33160
VP	MARIO SARIOL	17070 Collins Ave, Ste 263	Sunny Isles Beach, FL 33160

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

4-16-04 3054609900

Date

Daytime Phone #

CR2E081 (10/02)