

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED

98 MAY 18 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N23204*

1. Corporation Name

PALMWOOD COMMERCE CENTER
CONDOMINIUM ASSOCIATION INC.

W98-10368

Principal Place of Business

7228 - 7246 SW 42 TR.
MIAMI, FL 33155

Mailing Address

c/o MADDUX AND COMPANY
P.O. BOX 557113
MIAMI, FL 33255-7113

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

039-28-9254

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	DAN ORIA -D	7238 SW 42 TERRACE	MIAMI, FLORIDA 33155
VP	HUGO CABRAL -D	4674-4676 SW 72 AVE.	MIAMI, FLORIDA 33155
SEC.	CARLOS OTALVARO, JR. -D	7242 - 7244 SW 42 TRRACE	MIAMI, FLORIDA 33155
			900002530759-7 -05/20/98--01107--021 ****787.50 ****787.50

REINSTATEMENT *89-98*
5-18-98

8. Name and Address of Current Registered Agent

DAN ORIA
7238 SW 42 TERRACE
MIAMI, FLORIDA 33155

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Dan Oria

REGISTERED AGENT MUST SIGN

Date *4/30/98*

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Dan Oria
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/98
Date

305-262-4355
Daytime Phone #

CR2E040 (1/98)