

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 AM 9:14

DOCUMENT # **N26141**

1. Corporation Name

211-213 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**211 NW 32 Place
Miami, FL 33125**

**211 NW 32 Place
Miami, FL 33125**

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

REINSTATEMENT 89-00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

Zip

Country

Zip

Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VP/D	Vigil, Pedro	211 NW 32 Place	Miami, Florida 33125
S/D	Vigil, Gloria	211 NW 32 Place	Miami, Florida 33125
D	Marquez, Nivardo	213 NW 32 Place	Miami, Florida 33125
			600003447876--2 -11/01/00--01105--021 ****910.00 ****910.00
			8/30/31

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Raul Delgado
211 NW 32 Place
Miami, Florida 33125**

Name
Nivardo Marquez

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

211 NW 32 Place

Suite, Apt. #, Etc.

City
Miami, Florida

State
FL

Zip Code
33125

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

Nivardo Marquez REGISTERED AGENT MUST SIGN

Date **9/29/00**

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:

Pedro Vigil

Pedro Vigil, Vice President 9/29/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR250-9 (1-99)