

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 26 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27012

1. Corporation Name

SUNSET BEACH CONDOMINIUM ASSOCIATION, Inc.

2. Principal Office Address

4025 Indian Creek Dr.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, Fl.

City & State

Zip

33140

Country

USA

Zip

33140

Country

USA

500012570675
02/14/03--01061--019 **235.00
REINSTATEMENT 95-03

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number

65-0130482

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

Lydia Perzoff

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

4025 Indian Creek Dr. #103

Suite, Apt. #, Etc.

103

City

Miami Beach, FL

State
FL

Zip Code

33140

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

Lydia Perzoff

REGISTERED AGENT MUST SIGN

Date

2-24-03

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.	Madelen Leiva Valiente	15331 SW 55th St	Mirimar, Fl. 33027
T.D.	Lydia Perzoff	4025 Indian Creek Dr #103	Miami Beach, Fl. 33140
S.D.	Marcus Campuzano	4025 Indian Creek DR #206	Miami Beach, Fl. 33140

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

Lydia Perzoff Lydia PERZOFF

Director

Date

2-11-03

Daytime Phone #

305-336-0144

CR2E081 (10/02)