

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV 26 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32857

1. Corporation Name

THE NORTH & SOUTH 1/2 CONDOMINIUM ASSOCIATION, INC.
7600 W. 20th Avenue Suite 223
Hialeah, Fla. 33016

Mailing Address

Principal Place of Business

7600 W. 20th Avenue Suite 223
Hialeah, Fla. 33016

200002360252--5
-12/02/97--01017--011
****665.00 ****665.00

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRE. D	FUENTES, BONIFACIO A.	7600 W. 20th Ave. #223	Hialeah, Fl. 33016
STD	FUENTES, SERGIO	7600 W. 20th Ave. #223	Hialeah, Fl. 33016
D	RODRIGUEZ, GEORGE O.	7600 W. 20th Ave. #223	Hialeah, Fl. 33016

REINSTATEMENT 90-97
A. Alan
11/20/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GEORGE O. RODRIGUEZ
7600 W. 20th Ave. Suite 223
Hialeah, Fl. 33016

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/22/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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]

11-22-97