

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 13 A 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900162797309
11/13/09--01027--007 **1093.75

CR2E081 (11/09)

DOCUMENT # **N94000000506**

1. Corporation Name

**3202/3204 Matilda Cmo
Association, Inc**

2. Principal Office Address - No P.O. Box #

656 Alhambra Cr.

Suite, Apt. #, etc.

3. Mailing Office Address

656 Alhambra Cr.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

Country

33134 USA

City & State

Coral Gables, FL

Zip

Country

33134 USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/02/1994

5. FEI Number

None

☐ 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

Francesco Morello

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

656 Alhambra Cr.

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

F Morello

Date

11/11/09

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
Pres Sec	FRANCESCO MORELLO	656 Alhambra Cr.	Coral Gables, FL
VP	Hilda Morello Gavem	656 Alhambra Cr.	Coral Gables, FL
VP	DANI MORELLO	656 Alhambra Cr.	Coral Gables, FL

REINSTATEMENT

95-09

10. E-mail Address: **COIPOHIO@AOL.COM**

(To be used for future annual report notification)

11. 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. I further certify, 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:

F Morello

FRANCESCO MORELLO

11/11/09

Date

7862010325

Daytime Phone #