

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUL 16 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N9400000755*

1. Corporation Name

Eight Palms Condominium Association, Inc

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

1000 West Ave

Suite, Apt. #, etc.

1104

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

1000 West Ave

Suite, Apt. #, etc.

1104

City & State

Miami Beach FL

Zip

33139

Country

USA

7. Name and Address of Current Registered Agent

Name

Brian Keane

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

1000 West Ave #

Suite, Apt. #, Etc.

1104

City

Miami Beach

State

FL

Zip Code

33139

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/13/09

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
<i>P</i>	<i>Shirley Rodriguez</i>	<i>635 8th street # 201</i>	<i>Miami Beach FL 33139</i>

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 contained in Chapter 119, 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

7/13/09

Date

201-686-3557

Daytime Phone #

100158594721
07/16/09--01045--003 **183.75
REINSTATEMENT 07-09

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

☒ 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.

8PALMS CONDOMINIUM ASSOCIATION

July 13, 2009

To Whom It May Concern:

As requested, I am attaching an application for reinstatement and this letter as documentation that the notices were not sent to for the past 3 years to the correct address. Please forward all future correspondence to:

8 Plams Condominium
C/O Brian Keane
1000 West Ave #1104
Miami Beach FL 33139

We are including payment for all years after 2006 through 2009 of \$61.25 so that we are current.

Thank you for your assistance and please do not hesitate to contact us at 201-686-3557 or the above address.



Brian Keane Secretary/ Treasure, 8 Palms Condominium Association Inc.

635 8th Street, Miami Beach, Florida 33139
Phone: 201-686-3557
Fax 708-810-7903