

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 30 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001066

1. Corporation Name

3257/3259 Day Avenue
Condominium Association, Inc.

REINSTATEMENT

800023420558
09/30/03--01037--003 **245.00

2. Principal Office Address

3257 Day Avenue
Suite, Apt. #, etc.

3. Mailing Office Address

3257 Day Avenue
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33133

Country

US

Zip

33133

Country

US

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

3/3/1994

5. FEI Number

650596908

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

Julie Bohanon

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

3257 Day Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33133

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**

Julie Bohanon

REGISTERED AGENT MUST SIGN

Date

9/26/03

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
PD	Julie Bohanon	3257 Day Avenue	Miami FL 33133
DV	Brett Bohanon	"	"
SD	Toya Weaver	"	"
STD	Brett Bohanon	"	"

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:

Julie Bohanon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/03

Date

863-838-4110

Daytime Phone #

CR2E081 (10/02)

21 10/1