

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N94000001238

1. Entity Name
THE PAVILION CONDOMINIUM ASSOCIATION OF MIAMI
BEACH, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG -2 PM 1:17

Principal Place of Business
5601 COLLINS AVE.
MIAMI BEACH, FL 33140

Mailing Address
7900 NW 155 ST
#205
MIAMI LAKES, FL 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06012006 REIN-NP

CR2E099 (11/05)

05-06

4. FEI Number
65-0507316

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRS MANAGEMENT OF BROWARD INC
7900 NW 155TH STREET
SUITE 205
MIAMI LAKES, FL 33016

Name Sordo & Associates, P.A.

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

3006 Aviation Ave #2A
City Coconut Grove FL 33133

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Cesar R. Sordo

200078486232
08/08/06--01068--002 **122.50
6/1/06

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	MASEDA, LUIS	
STREET ADDRESS	5601 COLLINS AVENUE, #403	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	P	<input type="checkbox"/> Delete
NAME	OLIVER, CARLOS	
STREET ADDRESS	5601 COLLINS AVENUE, #M-10	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECKMAN, FRANK	
STREET ADDRESS	5601 COLLINS AVE. #116	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	D'A MICO, OLGA	
STREET ADDRESS	5601 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	T	<input type="checkbox"/> Delete
NAME	CIERA, PEDRO	
STREET ADDRESS	13990 SW 20 ST	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUTIERREZ-ZORILLA, RODOLFO	
STREET ADDRESS	5601 COLLINS AVENUE, PH-6	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodolfo Gutierrez-Zorrilla	
STREET ADDRESS	8299 Coral Way	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luis Maseda	
STREET ADDRESS	8299 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wendy LEVIT	
STREET ADDRESS	8299 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alejandra Ortegi	
STREET ADDRESS	8299 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carmen Gonzalez	
STREET ADDRESS	8299 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos Oliver	
STREET ADDRESS	8299 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33155	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cesar R. Oliver 6/01/06



Property Management Services Corporation

8299 Coral Way, Miami, Florida 33155
Dade: 305-264-4250 Fax: 305-264-9339

June 20, 2006

Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Document#N94000001238-- The Pavilion Condominium Association
Property Address: 5601 Collins Ave., Miami Beach, Fl. 33140

Gentlemen:

Enclosed is the re-instatement form for the above referenced document. Apparently, a check was sent out to you without this form. It is ck#1201 in the amount of \$122.50 and payable to Florida Dept. of State.

If you have any questions, please contact the undersigned at 305-264-4250.

Sincerely,

Property Management Services Corp. for,
The Pavilion Condominium Association, Inc.



Liset Santana, Accounts Payable

Scan to: 044, Letters



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2006

PROPERTY MANAGEMENT SERVICES CORPORATION
LISET SANTANA, ACCOUNTS PAYABLE
8299 CORAL WAY
MIAMI, FL 33155

SUBJECT: THE PAVILION CONDOMINIUM ASSOCIATION OF MIAMI BEACH,
INC.

Ref. Number: N94000001238

We have received your document for THE PAVILION CONDOMINIUM ASSOCIATION OF MIAMI BEACH, INC. and check(s) totaling \$122.50. However, your check(s) and document are being returned for the following:

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 106A00045830