


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 OCT -4 PM 1:11

ALL INFORMATION STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003704

1. Corporation Name

Las Delicias Condominium Association, Inc.

**REINSTATEMENT**

06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # <b>7601 Dickens Ave</b>		3. Mailing Office Address <b>7601 Dickens Ave</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>P. O. Box 414066</b>	
City & State <b>Miami Beach, FL</b>		City & State <b>Miami Beach, FL</b>	
Zip <b>33141</b>	Country <b>Miami-Dade</b>	Zip <b>33141</b>	Country <b>Miami-Dade</b>

4. Date Incorporated or Qualified To Do Business in Florida <b>7/27/1994</b>	
5. FEI Number <b>650599207</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
**Ricardo Rodriguez**

Street Address (P.O. Box Number is Not Acceptable)  
**7601 Dickens Ave**

Suite, Apt. #, Etc.  
**#304**

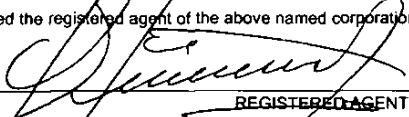
City  
**Miami Beach**

State  
**FL**

Zip Code  
**33141**

☐ 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  Date **10/02/07**

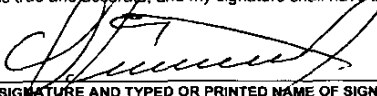
REGISTERED AGENT MUST SIGN

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
P	Cruz A. Santiago	7601 Dickens Ave #201	Miami Beach, FL 33141
V	Ricardo Rodriguez	7601 Dickens Ave #304	Miami Beach, FL 33141
Vocal	Adam Gegg	7601 Dickens Ave #302	Miami Beach, FL 33141
Vocal	Alex Caraballo	7601 Dickens Ave #202	Miami Beach, FL 33141
Vocal	Gustavo Patino	7601 Dickens Ave #203	Miami Beach, FL 33141

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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:  **Ricardo Rodriguez** Date **10/02/07** Daytime Phone # **305 343 8342**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR