PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR 14 AM 10:16

TALLAHASSEE, FLORIDA

DOCUMENT # N 94000003783

1. Corporation Name
MARINA REAL #3 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6075 SW 72nd St Suite 400 MIAMI, FL 33143	6075 SW 72nd St Suite 400 MIAMI, FL 33143

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address If Applicable	3. New Mailing Office Address If Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

REINSTATEMENT 150.00

4. Date Incorporated or Qualified To Do Business in Florida 7/20/95

5. F.E.I. Number 65-0558103 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	VIRUES, DANIELA	1032 NW 123 COURT	MIAMI, FL 33182
DT	GONZALEZ, GUADALUPE	1024 NW 123 COURT	MIAMI, FL 33182
DS	HERNANDEZ, ZELIDE	12314 NW 11 STREET	MIAMI, FL 33182

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****297.50 ****297.50

8. Name and Address of Current Registered Agent

CARROLL L. PAYNE, ESQ.
LAW OFFICES OF PAYNE AND GUADAYOL
6075 SW 72nd St, Suite 400
MIAMI, FL 33143

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Carroll Payne Date 4/5/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 617.0101, 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: Daniela Virues 4/8/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E08 (12/98)