

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 12 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95-968**

1. Corporation Name

VILLAS DE MAJORCA CONDOMINIUM ASSOCIATION

REINSTATEMENT 05-08

000131245730
06/12/08--01042--003 **245.00

CR2E081 (12/07)

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

300 Sevilla Avenue

Suite, Apt. #, etc.

Suite 210

City & State

Coral Gables

Zip

33134

Country

USA

3. Mailing Office Address

13035 Miranda Street

Suite, Apt. #, etc.

City & State

Coral Gables

Zip

33156

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/27/1995

5. FEI Number

650742371

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

Ana Maria Jhones

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

300 Sevilla Avenue

Suite, Apt. #, Etc.

Suite 210

City

Coral Gables

State

FL

Zip Code

33134

☒ 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 **06/10-2208**

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	Rafael Latour	231 Majorca Avenue, Unit D	Coral Gables, FL 33134
VP	Giselle Y. Cabrera	231 Majorca Avenue, Unit B	Coral Gables, FL 33134
S	Michelle Martinez-Hicks	231 Majorca Avenue, Unit G	Coral Gables, FL 33134
T	Ana M. Jhones	300 Sevilla Avenue, Suite 210	Coral Gables, FL 33134

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:

Ana M. Jhones

Ana M. Jhones, Treasurer

06/10/2008 (305) 442-924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20,60/13