PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 23 PM 2:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

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

'03 UBR

DOCUMENT # N95000003012

1. Corporation Name
SUMMIT TOWER I OF DADELAND CONDOMINIUM ASSOCIATION

700019836607
05/23/03--01027--001 **61.25

2. Principal Office Address	3. Mailing Office Address
305 Alcazar Ave Coral Gables, Fla33134	305 Alcazar Ave C Gables, Fla 33134
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0752392 — 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: Vilar Property Management

Street Address (P.O. Box Number is Not Acceptable): 305 Alcazar Ave

Suite, Apt. #, Etc.: Coral Gables, Fla

City: Coral Gables, State: FL Zip Code: 33134

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: Teresa Vilar — Date: 5/19/03

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
	IZNAGA =, ZULEMA, PD	9125 S. W. 77 Ave#308	Miami, Fla 33156
	SIERRA, ELSA, VPD	9125 S. W. 77 Ave#603	Miami, Fla 33156
	Ager, Maria Issbel TD	9125 S. W 77 Ave #402	Miami, Fla 33156
	Fernandez, Teresa, D	9125 S. W 77 Ave #509	Miami, Fla 33156
	Rodriguez, Magaly S/D	9125 S. W. 77 Ave #109	Miami, Fla 33156
	Wadas, Peter , D	9125 S. W. 77 Ave #02	Miami, Fla 33156

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: Teresa Vilar — 4-29-03 — 305-447-9050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 5/24