

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 SEP 15 AM 7:26

DOCUMENT # N96000004830

1. Corporation Name

GEOMARA GARDENS CONDOMINIUM ASSOCIATION, INC.

W05-39216

2. Principal Office Address

2200 NW 102 AVENUE

3. Mailing Office Address

2200 NW 102 AVENUE

Suite, Apt. #, etc.

SUITE 5

Suite, Apt. #, etc.

SUITE 5

City & State

DORAL, FLORIDA

City & State

DORAL, FLORIDA

Zip

33172

Country

USA

Zip

33172

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/16/1996

5. FEI Number

65-0713508

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-05

7. Name and Address of Current Registered Agent

Name

SPM GROUP, INC.

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

2200 NW 102 AVENUE

Suite, Apt. #, Etc.

SUITE 5

City

DORAL

State

FL

Zip Code

33172

09/20/05--01052--007 **70.0

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

Joaquin Alvarez
Joaquin Alvarez
REGISTERED AGENT MUST SIGN

Date

6/23/05

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
PD	RICARDO TOLEDO	6973 W. 29 AVE, UNIT 103	HIALEAH, FL 33018
TD	MAGGIE CAMPOS	6973 W. 29 AVE, UNIT 207	HIALEAH, FL 33018
SD	EDUARDO DEDIEU	6973 W. 29 AVE, UNIT 103	HIALEAH, FL 33018

100058107411
08/01/05--01057--015 **358.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eduardo Dedeu
EDUARDO DEDIEU

6/23/05

Date

305-305-9083

Daytime Phone #

CR2E081 (01/05)