

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG 26 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N96000005208*

1. Corporation Name

THE AXRON CONDOMINIUM ASSOCIATION, INC.

REINSTATEMENT

97-03

2. Principal Office Address

1765-1775 W 32 Place

3. Mailing Office Address

1765-1775 W 32 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33012

Country

USA

Zip

33012

Country

USA

300021649423

07/18/03--01082--009 **603.75

4. Date Incorporated or Qualified

To Do Business in Florida *OCTOBER 10, 1996*

5. FEI Number

33-1062753

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 *MANUEL MARIN*

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

1911 COLLINS AVENUE

Suite, Apt. #, Etc.

LPH-6

City

Sunny Isles

State

FL

Zip Code

33160

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *4/16/03*

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
D	MANUEL MARIN	1911 COLLINS AVENUE LPH-6	SUNNY ISLES, FL 33160
D	JAIME PUERTO	1745 W. 33 rd PLACE HI	HIALEAH, FL 33012

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] MANUEL MARIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03
Date

(305) 799-8155
Daytime Phone #

11/8/26