

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 JUN 16 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N97000001810**

1. Corporation Name

Segovia Tower Condominium Association, Inc.

700021295527  
07/03/03--01018--015 \*\*551.25

**REINSTATEMENT**

9803

2. Principal Office Address

600 Coral Way

Suite, Apt. #, etc.

City & State

Coral Gables, FL 33134

Zip

33134

Country

USA

3. Mailing Office Address

600 Coral Way

Suite, Apt. #, etc.

City & State

Coral Gables, FL 33134

Zip

33134

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

56-2354432

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

KEITH MENIN

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

2930 BISCAYNE BLVD

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33137

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]*

Date 5/30/03

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
PD	Dante Fiorini	19 West Flagler Street	Miami, Florida 33130
VPD	Jim Ferraro	600 Coral Way	Coral Gables, FL 33134
S	Martin Gallant	600 Coral Way	Coral Gables, FL 33134
T	Keith Menin	2930 Biscayne Boulevard	Miami, Florida 33137
D	Joan Brent	1800 NE 114th Street #1609	Miami, Florida 33181

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 30, 2003

Date

Daytime Phone #

305.240.9100