

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 10 PM 2:44

DOCUMENT # N97000002455

1. Corporation Name

Tamiami Office Condominium Association, Inc.

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

3663 SW 8th Street

Suite, Apt. #, etc.

Penthouse

City & State

Miami, FL

Zip

33135

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (1/07)

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

05/01/1997

5. FEL Number

65-0826341

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
Felipe A. Valls, Jr.

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

3663 S.W. 8th Street

Suite, Apt. #, Etc.

Penthouse

City

Miami

State

FL

Zip Code

33135

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12/6/07**

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	Felipe A. Valls, Jr.	3663 S.W. 8th Street * Penthouse	Miami, FL 33135
SD	Safie, Alejandro M.	3663 S.W. 8th Street * First Floor	Miami, FL 33135
TD	Arjona, Guillermo	3663 S.W. 8th Street * First Floor	Miami, FL 33135

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12/10/07--01024--016 **358.75

REINSTATEMENT

05-01 B12 11/8/07

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/07

Date

(305) 446 4916

Daytime Phone #