

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**FILED**

16 FEB 26 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N98000002639

1. Corporation Name

**Med Grove Condominium Association Inc**

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

**3280 Matilda St**

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip

**33133**

Country

**USA**

3. Mailing Office Address

**3280 Matilda St**

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip

**33133**

Country

**USA**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**26 May 1998**

5. FET Number

Applied For

☒

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

*not enough money*

7. Name and Address of Current Registered Agent

Name

**Lawrence Cole**

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

**3280 Matilda St**

Suite, Apt. #, Etc.

City

**Miami, FL**

State

**FL**

Zip Code

**33133**

000282700800  
02/26/16--01025--024 \*\*236.25

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

*Lawrence Cole*

REGISTERED AGENT MUST SIGN

Date **23/2/16**

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
President	<b>Eric Fernandez</b>	<b>7135 SW 76 St</b>	<b>Miami, FL 33143</b>
VP	<b>Lawrence Cole</b>	<b>3280 Matilda St</b>	<b>Miami, FL 33133</b>
			<b>S. HAWKES</b>
			<b>FEB 29 AM</b>
			<b>EXAMINER</b>

10. E-mail Address: **larrycole30@hotmail.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**SIGNATURE:**

*Lawrence Cole*

**23/2/16**

**305 - 323 - 1963**