TOTAL P.02

(2)

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

H 01000037429
SECRETARY OF STATE
TALLAHASSEE FLORIDA

01 APR 12 AM 8:27

DOCUMENT # N98000003065

1. Corporation Name

ARMITAGE PLACE NO. 3 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI FL 33131	520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI FL 33131

REINSTATEMENT 00-01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 05/29/1998

5. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	FAUBION, ROYAL R	520 BRICKELL KEY DRIVE, SUITE 0-	MIAMI FL 33131
D	CONTOS, REGINA	520 BRICKELL KEY DRIVE, SUITE 0-	MIAMI FL 33131
D	CAMPAGNA, MARIA L	520 BRICKELL KEY DRIVE, SUITE 0-	MIAMI FL 33131
AS	HABER, ROBERT M	520 BRICKELL KEY DRIVE, SUITE 0-	MIAMI FL 33131
			5/4/00 90102 013 61.25

8. Name and Address of Current Registered Agent

HABER, ROBERT M
520 BRICKELL KEY DRIVE, SUITE 0-305
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 4/9/01

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., 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.

AD

SIGNATURE: [signature] 4/9/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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APR-11-2001 18:10

P.02

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

CORPORATION REINSTATEMENT

ARMITAGE PLACE NO. 3 CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	~~$306.25~~

245.00