

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005166

1. Corporation Name

Sidonia View Condominium Association, Inc.

2. Principal Office Address

837 Lorca Street

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

837 Lorca Street

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33134

Country

USA

FILED

06 JAN 18 AM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/06/06--01010--013 ***367.50

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/1998

5. FEI Number

65-0902234

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

Arvesu & Associates, PLLC

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

201 Alhambra Circle, Suite 502

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date 1-17-06

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/S	Waldo Toyos III	837 Lorca Street	Coral Gables, FL 33134

REINSTATEMENT *Waldo Toyos III*

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:

Waldo Toyos III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/06 305-442-2558

Date

Daytime Phone #

MW