

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 OCT -8 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N98000006468**

1. Corporation Name

**PIAZZA VECCHIA PROPERTY OWNER'S ASSO**

900161541809  
10/09/09--01029--002 \*\*122.50

**REINSTATEMENT**  
CR2E081 (12/08)

08-09

2. Principal Office Address - No P.O. Box #  
112301 SW 132 COURT

3. Mailing Office Address  
12301 SW 132 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

Zip  
33186

Country  
DADE

Zip  
33186

Country  
DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0935870

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  
JONATHAN RUBIN, P. A.

Street Address (P.O. Box Number is Not Acceptable)  
9360 SUNSET DRIVE

Suite, Apt. #, Etc.

228 285

City  
MIAMI

State  
FL

Zip Code  
33173

☒ 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 10/6/09

**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	ROBERT GONZALEZ	5189 NW 108 PATH	DORAL, FLORIDA 33178
VP	CARLOS PEREZ	5174 NW 108 COURT	DORAL, FLORIDA 33178
T	RICHARD MADAY	5182 NW 108 COURT	DORAL, FLORIDA 33178
S	MELINDA COBIAN	5180 NW 108 PLACE	DORAL, FLORIDA 33178
D	SIMON CRUZ	10821 NW 51 TRAIL	DORAL, FLORIDA 33178
D	ERGIDIO HERNANDEZ	10806 NW 51 LANE	DORAL, FLORIDA 33178

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:

*Carlos Perez V Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/1/09

Daytime Phone #

10/9/09