

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N99000002248**

1. Corporation Name

KEYSTONE POINT CONDOMINIUM ASSOCIATION INC.

Principal Place of Business

600 PALM AVENUE
SUITE A
HIALEAH FL 33010

Mailing Address

600 PALM AVENUE
SUITE A
HIALEAH FL 33010

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1999

5. FEI Number

65-1139884
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
D	MACHADO, LUIS	600 PALM AVENUE	HIALEAH FL 33010
D	MACHADO, CEFERINO	600 PALM AVENUE	HIALEAH FL 33010
D	MACHIN, JUAN	600 PALM AVENUE	HIALEAH FL 33010

REINSTATEMENT 01-02

100004915121--9

-02/13/02--01061--004

****297.50 ****297.50

8. Name and Address of Current Registered Agent

LASARTE, FELIX
200 SOUTH BISCAYNE BLVD., 20TH FLOOR
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

33010

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

Date

12/20/01

REGISTERED AGENT MUST SIGN

I, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Luis Machado

12/20/01

305-887-2500

CR2E040 (8/01)