

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL -9 PM 2:14

FLORIDA STATE
HIALEAH, FLORIDA

DOCUMENT # N99000002248

1. Corporation Name

KEYSTONE POINT CONDOMINIUM ASSOCIATION

2. Principal Office Address - No P.O. Box #
5979 NW 151 STREET

3. Mailing Office Address
PO BOX 160718

Suite, Apt. #, etc.
101

Suite, Apt. #, etc.

City & State
MIAMI LAKES

City & State
HIALEAH

Zip
33014

Country
DADE

Zip
33016

Country
DADE

REINSTATEMENT 06-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **4/12/1999**

5. FEI Number
65-1139884

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
FLORIDA'S PROPERTY MANAGEMENT GROUP, INC

Street Address (P.O. Box Number is Not Acceptable)
5979 NW 151 STREET

Suite, Apt. #, Etc.
101

City
MIAMI LAKES

State
FL

Zip Code
33014

☒ 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

Rene Jose Corraldo
REGISTERED AGENT MUST SIGN

Date **6/06/07**

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
PD	JOSE GIRALDO	PO BOX 160718	HIALEAH, FL 33016
VPD	JUAN CARLOS SALADO	PO BOX 160718	HIALEAH, FL. 33016
TD	MASSIEL PONS	PO BOX 160718	HIALEAH, FL. 33016

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:

Rene Jose Corraldo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/07
Date

305-821-1794
Daytime Phone #