

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN -2 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000128999

1. Corporation Name

53RD TERRACE CONDOMINIUM, INC.

2. Principal Office Address - No P.O. Box #

6999 NW 53RD TERR

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

US

3. Mailing Office Address

6999 NW 53RD TERR

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

US

500156671455
06/02/09--01021--017 **1058.75
CF2E081 (12/08)

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/2002

5. FEI Number
364520450

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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.

7. Name and Address of Current Registered Agent

Name
PEREZ, JOSE A

Street Address (P.O. Box Number is Not Acceptable)
6999 NW 53RD TERR

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33166

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

Date 05-27-09

REGISTERED AGENT MUST SIGN

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	PEREZ, JOSE	6999 NW 53RD TERR	MIAMI, FL 33166

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:

JOSE PEREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-27-09

Date

786-586-4390

Daytime Phone #

1/520