

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JUN -7 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000120965

1. Corporation Name

THE RESIDENCES 405-8/406-8 0704 CORP.

74/0000027201

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

2665 SOUTH BAYSHORE DR.

3. Mailing Office Address

2665 SOUTH BAYSHORE DR.

Suite, Apt. #, etc.

SUITE 906

Suite, Apt. #, etc.

SUITE 906

City & State

COCONUT GROVE, FL

City & State

COCONUT GROVE, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

600181759216  
06/07/10--01002--003 \*\*1000.00

CR28081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

08/20/2004

5. FEI Number  
201516658

☐ 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

JORGE L. GURIAN

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

2665 SOUTH BAYSHORE DR.

Suite, Apt. #, Etc.

SUITE 906

City

COCONUT GROVE

State

FL

Zip Code

33133

600181759216  
06/08/10--01004--012 \*\*200.00

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

6/4/10

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	DE MATTEO, ANTONIO	2665 SOUTH BAYSHORE DR.	COCONUT GROVE, FL 33133

REINSTATEMENT 07-12  
RH

10. E-mail Address: JGURIAN@GURIANLAW.COM

(To be used for future annual report notification)

11. 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, I further certify, 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:

Antonio de Matteo Antonio de Matteo 6/4/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #