

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000148934

**1. Corporation Name**

THE RESIDENCES 303-9/304-9 1004 CORP.

**2. Principal Office Address - No P.O. Box #**  
2600 Douglas Rd.

**3. Mailing Office Address**  
2600 Douglas Rd.

Suite, Apt. #, etc.  
Suite 1100

Suite, Apt. #, etc.  
Suite 1100

City & State  
Coral Gables, FL

City & State  
Coral Gables, FL

Zip 33134 Country USA

Zip 33134 Country USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** 10/29/2004

**5. FEI Number** 20-1811025

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 GURIAN

Street Address (P.O. Box Number is Not Acceptable)  
2600 Douglas Road

Suite, Apt. #, Etc.  
Suite 1100

City  
Coral Gables

State Zip Code  
FL 33134

☒ 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

*Jorge Gurian*

REGISTERED AGENT MUST SIGN

Date 03/19/2007

**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	JORGE BOSCH	2600 Douglas Rd. Suite 1100	Coral Gables, FL 33134
S	SARA NAVARRO DE BOSCH	2600 Douglas Rd. Suite 1100	Coral Gables, FL 33134

4000955917164  
04/05/07--01056--011 \*\*450.00

**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:

*Jorge Bosch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/2007

Date

(305) 279-4101

Daytime Phone #

**Jorge L. Gurian, P.A.**

2007

March 19, 2007

Division of Corporations  
State of Florida  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: THE RESIDENCES 303-9/304-9 1004 CORP.(P04000148934)

To Whom It May Concern:

Enclosed please find the Corporate Reinstatement Report for THE RESIDENCES 303-9/304-9 1004 Corporation. The annual Uniform Business Report had not been filed previously because the principal officer/ director had never received the renewal package during calendar year 2005 or 2006. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the year 2005, 2006 & 2007.

We therefore respectfully request that you accept this filing as timely and classify the corporation as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

Very truly yours,

  
JORGE L. GURIAN

  
JORGE BOSCH

Enclosure