

PLEASE READ ALL INSTRUCTIONS BEFORE

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 21 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000003168

1. Corporation Name

THE RESIDENCES 201-9 / 202-9 1004 CORP.

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

4. Date incorporated or Qualified
To Do Business in Florida

01/06/2005

5. FEI Number-
202113530

☐ 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

☒ 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

REGISTERED AGENT MUST SIGN

Date **12-17-09**

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 |
|----------|--------------------------------------|---|--------------------------------|
| D | PANTELEIMON POULAKIS | 2665 S. BAYSHORE DRIVE STE 906 | COCONUT GROVE, FL 33133 |
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700163824947
12/21/09--01035--005 **450.00

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:

PANTELEIMON POULAKIS

12-17-09

305-279-4101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

December 17, 2009

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

Re: THE RESIDENCES 201-9/202-9 1004 (P05000003168)

To Whom It May Concern:

Enclosed please find the Corporate Reinstatement Report for THE RESIDENCES 201-9/202-9 1004 CORP. The annual Uniform Business Report had not been filed previously because the principal officer/ director had never received the renewal package during calendar year 2007, 2008 or 2009. 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 2007, 2008 & 2009.

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


PANTELEIMON POULAKIS

Enclosure