

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

APPLICATION  
FOR  
REINSTATEMENT

FILED

98 MAR 19 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 751028 W98-4069

1. Corporation Name  
CORVETTE CONDOMINIUM ASSOCIATION INC.

Principal Place of Business Mailing Address  
7430 AND 7440 BYRON AV. 7440 BYRON AV. # 7B  
MIAMI BEACH, FL MIAMI BEACH, FL  
33141 33141

REINSTATEMENT

82-98  
AD

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable  
7430 AND 7440 BYRON AV. 7430 BYRON AVENUE  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
MIAMI BEACH, FL APT # 7B  
City & State City & State  
MIAMI BEACH  
Zip Country Zip Country  
33141 33141

4. Date Incorporated or Qualified To Do Business in Florida  
5. FEI Number Applied For  
592179160 Not Applicable  
6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CARISTINE RABAH	7430 BYRON AV. # 10A	MIAMI BEACH, FL 33141
V	NEVENKA MATORCEVIC	<del>7440 BYRON AV.</del> 7440 BYRON AV. 5B	MIAMI BEACH, FL 33141
SD	ORLANDO DE-LUIZ	7430 BYRON AV # 7A	MIAMI BEACH, FL 33141
T	MATHILDA ARBELÁEZ	7440 BYRON AV # 7B	MIAMI BEACH, FL 33141
CD	GLORIA SORIANO	7440 BYRON AV. # 9B	MIAMI BEACH, FL 33141
			700002464397--8 -03/20/98--01122--023 ***1216.25 ***1216.25

8. Name and Address of Current Registered Agent  
9. Name and Address of New Registered Agent  
Name ORLANDO DE-LUIZ  
Street Address (P.O. Box Number is Not Acceptable) 1615 WEST AV. # 302  
Suite, Apt. #, Etc. MIAMI BEACH APT. 302  
City MIAMI BEACH State FL Zip Code 33139

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent \_\_\_\_\_ Date 2-10-98  
REGISTERED AGENT MUST SIGN 700002464397--8  
-03/20/98--01122--024  
\*\*\*1216.25 on intangible tax.

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

12. 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 under section 119.07(3)(i), 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: CARISTINE RABAH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/10/98 (305)864-3752  
Date Daytime Phone #

CR2E040 (1/98)