


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 APR 30 AM 7:48

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO40060035570

1. Corporation Name
3030-32 VIRGINIA STREET CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box # 9700 S. Dixie Hwy, #1030		3. Mailing Office Address 9700 S. Dixie Hwy, #1030	
State, Apt # etc #1030		State, Apt # etc #1030	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33156	Country U.S.	Zip 33156	Country U.S.

REINSTATEMENT 05-07

4. Date Incorporated or Qualified To Do Business in Florida

5. FBI Number
None

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Myron M. Samole

Street Address (P.O. Box Number is Not Acceptable)
9700 S. Dixie Highway, #1030

State, Apt #, Etc
Suite 1030

City
Miami

State
FL

Zip Code
33156

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: Myron M. Samole Date: 4/27/07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, D	Jorge Soto	3030 Virginia St	Miami FL 33133
D	Leonor Soto	3030 Virginia St.	Miami FL 33133
VP, T	S. D. David Samole	3032 Virginia St.	Miami, FL 33133
D	Brigid Cecñ Samole	3032 Virginia St.	Miami FL 33133

4/25/07
05/25/07--01015--021 **358.75

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: David Samole Date: 4/26/07 (305) 372-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Call or Phone #