


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB -7 AM 1:42

REINSTATEMENT 2012

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725749

1. Corporation Name
Marbella Apartments Condo.
Association, Inc.

2. Principal Office Address - No P.O. Box #
900 SW 84 Ave

Suite, Apt. #, etc.

City & State
Miami FL

Zip 33144 Country USA

3. Mailing Office Address
c/o PMS 8299 Coral

Suite, Apt. #, etc.
WAY

City & State
Miami FL

Zip 33155 Country USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
591462704

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 Property Management Services

Street Address (P.O. Box Number is Not Acceptable)
8299 Coral Way

Suite, Apt. #, Etc.

City Miami

State FL Zip Code 33155

000220772910
02/07/12--01022--016 **236.25

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 *[Signature]*

REGISTERED AGENT MUST SIGN

Date _____

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	Adner Diaz	8299 Coral Way	Miami, FL 33155
T	Luis Rodriguez	8299 Coral Way	Miami, FL 33155
S	German Menendez	8299 Coral Way	Miami, FL 33155
D	Mayelin Alvarez	8299 Coral Way	Miami, FL 33155

10. E-mail Address: marbellapms900@yahoo.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

FEB 07 2012

CLERK