

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC -2 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

738645

1. Corporation Name

LeJeune House Condominium Association, Inc.

2. Principal Office Address

300 Aragon Ave.

3. Mailing Office Address

300 Aragon Ave.

Suite, Apt. #, etc.

Suite 210

Suite, Apt. #, etc.

Suite 210

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

US

Zip

33134

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

July 7, 1995

5. FEI Number

591807391

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

03

7. Name and Address of Current Registered Agent

Name

Gables Professional Management

400025155484

12/02/03-01028-015 \*\*238 25

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

300 Aragon Ave.

Suite, Apt. #, Etc.

Suite 210

City

Coral Gables

State

FL

Zip Code

33134

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

Date 11/11/03

REGISTERED AGENT MUST SIGN

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
PD	Loinaz, Mirentxu	300 N.W. 42nd Avenue #202	Miami, FL 33126
SD	Justi, Nelly	300 N.W. 42nd Avenue #410	Miami, FL 33126
TD	MacDonald, Donald	300 N.W. 42nd Avenue #612	Miami, FL 33126
D	Comas, Celia	300 N.W. 42nd Avenue #611	Miami, FL 33162
D	Calderon, Nancy	300 N.W. 42nd Avenue #603	Miami, FL 33162

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 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:

Mirentxu J. Loinaz as President 11/01/03 305-441-0904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)