

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -2 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000007141

1. Corporation Name

Oak Avenue Parking Plaza Condominium Association, Inc.

2. Principal Office Address - No P.O. Box #

190 NE 3rd Street

3. Mailing Office Address

Suite, Apt. #, etc.

Attn: Finance

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33132

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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
Arthur Noriega

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

190 NE 3rd Street

Suite, Apt. #, Etc.

Attn: Finance

City
Miami

State
FL

Zip Code
33132

☐ 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.

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11/02/07--01056--002 **297.50

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 10/23/07

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	Jami Reyes	150 SE 2nd Avenue, Suite 600	Miami, Florida 33101
VD	Arthur Hertz	3195 Ponce De Leon Blvd.	Coral Gables, Florida 33134
VSTD	Marlon Hill	200 South Biscayne Blvd., #2750	Miami, Florida 33131
VD	Thomas B. Jelke	2403 South Miami Avenue	Miami, Florida 33129
VD	Stephen Nostrand	95 Merrick Way, Suite 380	Coral Gables, Florida 33134

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #