PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Scoretary of State			FILED 04 APR 22 AM II: 26 SECRETARY OF STATE		
DOCUMENT # 713935 1. Corporation Name Palm Springs Gardens Building One Condominium Association Inc.				TALLAHASSEE FLORIDA PEGINSTATEMENT 03-04		
2. Principal Office Address 110 Royal Palm Road Suite, Apt. #, etc.	2011 W	3. Mailing Office Address 2011 West 62 Street Suite, Apt. #, etc.		900034158269 04/27/0401079002 ***297.50		
City & State	City & State	City & State		4. Date Incorporated or Qualified To Do Business in Florida		
Hialeah Gardens Florid	a Hialea	Hialeah Florida		5, FEI Number Applied For Not Applicable		
Zip Country Miami-Dade	^{Zip} 33016	Country Miami-Dad	le 6.	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent						
Street Address (P.O. Box Numbe 2011 West 62 Str Suite, Apt. #, Etc. City Hialeah 8. I, being appointed the registered agent of the Signature of Registered Agent		- Ag	apt the obligations of se	State Zip Ogde016 FL ction 607.0505 or 617.0503, F.S. Date O / 3	5-04	
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/DJesus_Aguirre		110 Royal Palm	Road #314	Hialeah Gardens	FL 33016	
T/D Juana Maria Moremo		110 Royal Palm	Road #114	Hialeah Gardens	s, FL 33016	
S/D Carmen Montane		110 Royal Palm	Road #106	Hialeah Gardens, FL 33016		
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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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daying Phone #						