

1052

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 JAN 31 AM 7:39


SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01462097 REINSTATEMENT FEE 10/10/07
REINSTATEMENT

DOCUMENT # 724254

1. Entity Name
MADRID TERRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**6820 WEST FLAGLER ST.
MIAMI, FL 33144-2831**

Mailing Address
**6820 WEST FLAGLER ST.
MIAMI, FL 33144-2831**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent

**LOPEZ, ENRIQUE
MADRID TERRACE CONDOMINIUM
6820 W FLAGLER ST
MIAMI, FL 33144**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: 1-16-07

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARACIA, HEBERTO 6820 W. FLAGLER ST., APT. 213 MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALVARADO, OLGA 6820 W FLAGLER APT 308 MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800087492878 02/06/07--01009--018 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GONZALEZ, LIDIA 6820 W. FLAGLER ST., APT. 210 MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1-16-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Mitchell 'JAN 31 2007

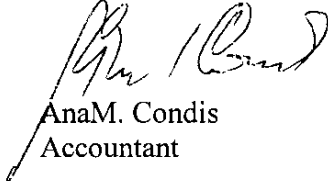
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January 16, 2007

To Whom It May Concern:

Please enclosed find a check in the amount of \$122.50 for the annual report for 2006 and 2007 because we never received the paper for the renewal is not fair that we have to paid a penalty hoping that you will cooperate I remain

Sincerely Yours,



AnaM. Condis
Accountant