

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 726301			
1. Entity Name LA FUENTE CONDOMINIUM, INC.			
Principal Place of Business 9520 SW 8TH STREET MIAMI, FL 33174		Mailing Address 9520 SW 8TH STREET APT #210 MIAMI, FL 33174	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
04 NOV -9 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11012004 REIN-NP CR2E099 (6/04)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GONZALEZ, RAFAEL E 5401 COLLINS AVE #912 807 MIAMI, FL 33140		Name Street Address (P.O. Box Number is Not Acceptable) Apt. 807 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CRESPO, JOSE 9520 SW 8TH ST #210 MIAMI, FL 33174 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PEREZ, DINORA 9520 SW 8TH ST. #202 MIAMI, FL 33174 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GONZALEZ, RAFAEL 5401 COLLINS AVE, #912 MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jose Crespo / Jose Crespo 11/3/04 305-993-1266