

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY -4 AM 9:43

DOCUMENT # 1733776

1. Corporation Name
La Castellana Condominium, Inc.

2. Principal Office Address
7100 S.W. 99 Ave

Suite, Apt. #, etc.
204

City & State
Miami, Fl.

Zip Country
33173 USA

3. Mailing Office Address
7100 S.W. 99 Ave

Suite, Apt. #, etc.
204

City & State
Miami, Fl.

Zip Country
33173 USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida
9/8/75

5. FEI Number
59-1637837

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Carlos A. Ramirez** 300004288419--8
Street Address (P.O. Box Number is Not Acceptable) **7100 S.W. 99 Ave, 204** -05/22/01--01125--031
Suite, Apt. #, Etc. **204** *****237.50 *****237.50
City **Miami, Fl.** State **FL** Zip Code **33173**

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 **[Signature]** Date **4/28/01**
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
P	Aldo Martinez	13390 N.E 7 Ave	N. Miami, Fl. 33161
VP	Frank verde	13390 N.E 7 Ave	N. Miami, Fl. 33161
S	Erika Alvarez	13390 N.E 7 Ave	N. Miami, Fl. 33161
T	Lauren Brown	13390 N.E 7 Ave	N. Miami, Fl. 33161
D	Boby Martinez	13390 N.E 7 Ave	N. Miami, Fl. 33161
D	Samuel Motro	1225 N.E 124th	North Miami, Fl 33161

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: **[Signature]** 4/28/01 305-598-4068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #