

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **749101**

98 JUL 20 AM 11:24

1. Corporation Name

PUEBLO DEL SOL HOMEOWNERS ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**C/O PENINSULA REAL ESTATE, INC.
2026 S.W. 1 ST. SUITE #6
MIAMI, FL. 33135**

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2026 S.W. 1 ST. SUITE #6
MIAMI, FL. 33135**

REINSTATEMENT 97-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **59-2471627**

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	GIRARD, CHRIS	7046 S.W. 103 PLACE	MIAMI, FL. 33173
D/V-T	TABOADA, MARIO	6605 S.W. 103 COURT	MIAMI, FL. 33173
D/S	ALVAREZ, EDUARDO	7140 S.W. 103 COURT CL.	MIAMI, FL. 33173

100002598161--3
-07/24/98-00091--005
****297.50****297.50
7-21

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

GIRARD, CHRIS

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

7046 S.W. 103 PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Chris Girard

REGISTERED AGENT MUST SIGN

Date

7/14/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes No

(See other side for information
on intangible tax.)

12. 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:

Chris Girard President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/14/98

Daytime Phone #

205-271-3984

CR2E040 (1/98)