

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

00 APR 11 PM 1:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS



DOCUMENT # 751556 Corporation Name Segovia Gardens CONDOMINIUM, INC. 100-507

Principal Place of Business 1800 Northwest 19 ST MIAMI FL 33125 Mailing Address UNIT 12 1800 Northwest 19 ST. MIAMI FL 33125

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 Suite, Apt. #, etc. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 592224146 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee Required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include COLUMBO RODRIGUEZ, HUMBERTO DIAZ, GLADYS EXPÓSITO, and Frederic W. WHEELER.

9. Name and Address of Current Registered Agent Gladys Exposito

9. Name and Address of New Registered Agent Name GLADYS EXPOSITO Street Address 1800 NW 19 ST #12 City MIAMI State FL Zip Code 33125

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 Gladys Exposito Date 12/24/99

11. This corporation owes 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: Frederic W. Wheeler SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 20 DEC 1999 Date 727-526-6094 Daytime Phone