

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
00 JUL 21 PM 1:38

DOCUMENT # 753073

1. Corporation Name

WESTLAND CONDOMINIUM ASSOCIATION, INC.

W-110607

2. Principal Office Address

C/O TPS MANAGEMENT

Suite, Apt. #, etc.

P O BOX 661554

City & State

MIAMI SPRINGS, FL

Zip

Country

33266

3. Mailing Office Address

C/O TPS MANAGEMENT

Suite, Apt. #, etc.

P O BOX 661554

City & State

MIAMI SPRINGS, FL

Zip

Country

33266

REINSTATEMENT *Alb DO*

4. Date Incorporated or Qualified To Do Business in Florida

08/07/1980

5. FEI Number

59-2299731

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SKRLD, INC.

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

201 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.

SUITE #1102

City

CORAL GABLES

State

FL

Zip Code

33134

800003343988-8
-08/02/00--01064--007
****420.00 ****420.00

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

SKRLD, INC. BY LISA LERNER *Lisa Lerner*

SEC.

Date JULY 18, 2000

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/D	ORESTES MESA	1800 W 54TH STREET #302	HIALEAH, FL 33012
V/D	VICTOR MANCINI	1800 W 54TH STREET #418	HIALEAH, FL 33012
S/D	MARIO ROCA	1800 W 54TH STREET #222	HIALEAH, FL 33012
T/D	GIRALDO FERNANDEZ	1800 W 54TH STREET #310	HIALEAH, FL 33012
D	JESUS BASTO	1800 W 54TH STREET #318	HIALEAH, FL 33012
D	JORGE DEL LLANO	1800 W 54TH STREET #203	HIALEAH, FL 33012
D	MIGUEL A FAXAS	1800 W 54TH STREET #419	5/24/99 90008647 #61.25

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)(l), 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:

Orestes Mesa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/2000
Date

(305)593-2295
Daytime Phone #

CR2E081 (9/99)