

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 OCT -1 AM 10:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **767278**

1. Corporation Name

OASIS EN MANGO HILL CONDOMINIUM (MANGO HILL CONDOMINIUM NO. XV) ASSOCIATION, INC.

Principal Place of Business

Mailing Address

L.M. QUALITY MANAGEMENT
 P.O. BOX 44-0915
 MIAMI FL 33144
 US

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 P.O. BOX 44-0915
 MIAMI FL 33144
 US

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

03/02/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2267838

Applied For

Not Applicable

City & State

City & State

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	4 City / State / Zip
VPD	FERNANDEZ, ABEL	3986 W 9 CT	HIALEAH FL 33012
PD	OROSIL, DELOS SANTOS	3991 W 9TH LN	HIALEAH FL 33012
TD	AGUSTIN DELMEIDA	4015 W 9 LANE	HIALEAH FL 33012
			700004661687--9 -10/31/01--01092--017 ****306.25 ****306.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NUNEZ, LUZMARY
 4001 NW 5TH STREET
 HIALEAH FL-33012

Name **Nunez LUZMARY**
 Street Address (P.O. Box Number is Not Acceptable)
8101 BYRON AVE ASSOC. BOX
 Suite, Apt. #, Etc.
ASSOCIATION BOX
 City **Miami Beach** State **FL** Zip Code **33144**

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

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date **9/1/01**

11. 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

delos Santos 9/1/01 305-264 8035
 Date Daytime Phone #

CR2E040 (8/00)