

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 770066

1. Corporation Name
WESTLAND VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
5315 W. 22 CT. HIALEAH, FL 33016

Mailing Address
2011 W. 62 ST. HIALEAH, FL 33016

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

REINSTATEMENT (Handwritten initials)

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 09/01/83	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0062082	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P/D	JUAN CARDOSA	5289 W. 22 CT.	HIALEAH, FL 33016
S/D	ANGEL GARCIA	5345 W. 22 CT.	HIALEAH, FL 33016
T/D	MIGUEL FRAGINALS	5315 W. 22 CT.	HIALEAH, FL 33016

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MIGUEL FRAGINALS 5315 W. 22 CT. HIALEAH, FL 33016		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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: *Miguel Fragnals* REGISTERED AGENT MUST SIGN Date: **04/09/99**

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: *Miguel Fragnals* 04/09/99 (305) 558-9820
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPT 030 11-98