


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 OCT 14 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000654

1. Corporation Name  
Greenways Condominium of Coral Gables Association  
Association, Inc.

300060629023  
10/14/05--01055--018 \*\*297.50

2. Principal Office Address 730 Coral Way		3. Mailing Office Address	
Suite, Apt. #, etc. Suite 203		Suite, Apt. #, etc.	
City & State Coral Gables, Florida		City & State	
Zip 33134	Country Miami-Dade	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 2/01/2000

5. FEI Number 65-1055477 Applied For Not Applicable

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

REINSTATEMENT CR2E081 (8/05) 04.05

7. Name and Address of Current Registered Agent

Name  
Mario Sanchez Carrion

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

Suite, Apt. #, Etc.  
Suite 203

City  
Coral Gables

State  
FL

Zip Code  
33143

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 Mario Sanchez Carrion Date 4/29/05

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	Mario Sanchez Carrion	730 Coral Way #203	Coral Gables 33134
s/d	Rafael De Guzman	730 Coral Way #103	Coral Gables 33134
t/d	David Seri	730 Coral Way #204	Coral Gables 33134
		<i>DRD/19</i>	

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)(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: Mario Sanchez Carrion Date 4/29/05 Daytime Phone # 305 567 2465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR