

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

04 JAN 29 AM 11:14

DOCUMENT # N01000002724

1. Corporation Name

WESTEND @ 25th CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

2600 N.W. 87th Avenue

3. Mailing Office Address

2600 N.W. 27th Avenue

REINSTATEMENT 03-04

Suite, Apt. #, etc.

#32

Suite, Apt. #, etc.

#32

City & State

MIAMI FL

City & State

MIAMI, FL

4. Date Incorporated or Qualified
To Do Business in Florida

4/17/2001

5. FEI Number 90-0054620

Applied For
Not Applicable

Zip

33172

Country

USA

Zip

33172

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FERNAN JARAMILLO

300028319739

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

7603 ESTRELLA CIRCLE

02/06/04--01018--004 **297.50

Suite, Apt. #, Etc.

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City

BOCA RATON

State
FL

Zip Code
33433

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-22-04

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
PD	JARAMILLO, FERNAN	7603 ESTRELLA CIRCLE	BOCA RATON, FL 33433
VD	JARAMILLO, HELENA	7603 ESTRELLA CIRCLE	BOCA RATON, FL 33433
TD	JARAMILLO, SILVIA	7603 ESTRELLA CIRCLE	BOCA RATON, FL 33433
SD	VILLARREAL, ANA J.	12347 CLEARFALLS DRIVE	BOCA RATON, FL 33428

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-04 3055970510

Date

Daytime Phone #

CR2E081 (9/01)