


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000009123

1. Corporation Name
GIFFORD VILLAS CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address
3137 GIFFORD LANE
Suite, Apt. #, etc.
UNIT A
City & State
COCONUT GROVE, FL
Zip
33133 Country
USA

3. Mailing Office Address
1101 Brickell Avenue
Suite, Apt. #, etc.
Suite 701S
City & State
MIAMI, FL
Zip
33131 Country
USA

FILED
03 DEC -3 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700025171947
12/03/03--01007--009 **236.25

REINSTATEMENT 2003

4. Date Incorporated or Qualified To Do Business in Florida **11/26/2002**

5. FEI Number 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
MARIO CAMARGO

Street Address (P.O. Box Number is Not Acceptable)
1101 BRICKELL AVENUE

Suite, Apt. #, Etc.
SUITE 701S

City
MIAMI State
FL Zip Code
33131

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.

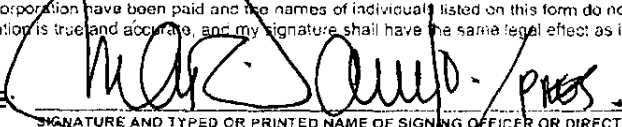
Signature of Registered Agent  Date **Nov 24 03**

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
PD	MARIO CAMARGO	1101 BRICKELL AVENUE, STE 701S	MIAMI, FL 33131

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)(j), 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  Date **Nov 24 03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREOST 11/03/03