

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 11 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000009617**

1. Corporation Name

**BELLA VILLAS LAS PALMAS CONDOMINIUM ASSOCIATION
INC.**

Principal Place of Business

Mailing Address

6330 WEST 21ST COURT
HIALEAH FL 33016

6330 WEST 21ST COURT
HIALEAH FL 33016



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied for

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
DP	MACHIN, JUAN M	8115 NW 162ND STREET	MIAMI FL 33016
DS	MERINO, GERARDO	7695 NORTH AUGUSTA DRIVE	MIAMI FL 33015
DT	MACHIN, DIEGO	8241 NW 194TH TERRACE	MIAMI FL 33015
			800024025608 10/22/03--01070--017 **296.25
			800024025608 10/22/03--01070--018 **363.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VALLE, MARIA F ESQ
10570 NW 27TH STREET SUITE 103
MIAMI FL 33172

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

Maria Valle **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date *10-16-03*

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:

Machin **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-03 (305) 827-0027
Date Daytime Phone #

CR2E040 (7/03)