


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000003829 1. Entity Name CORAL WEST VILLAS ASSOCIATION INC.			08082005 REIN-NP CR2E099 (6/04)
Principal Place of Business 4235 WEST 16TH AVE, SUITE 101 HIALEAH, FL 33012		Mailing Address 4235 WEST 16TH AVE, SUITE 101 HIALEAH, FL 33012	
2. Principal Place of Business 2011 West 62nd St.		3. Mailing Address 2011 West 62nd St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah FL		City & State Hialeah FL	
Zip 33016		Zip 33016	
Country USA		Country USA	
6. Name and Address of Current Registered Agent HERNANDEZ, HENRY 2011 WEST 62 STREET HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name <u>Careidad Garcia</u> Street Address (P.O. Box Number is Not Acceptable) <u>2011 West 62nd Street</u> City <u>Hialeah</u> FL Zip Code <u>33016</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Careidad Garcia</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>9/16/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANZANO, ALEX 3384 WEST 80TH STREET, SUITE 101 HIALEAH, FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500060033675 09/28/05--01009--001 **297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOMEZ, NORMA S 3372 WEST 80TH STREET, #102 HIALEAH, FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	05 SEP 22 PM 2:08 FILED TALLAHASSEE, FLORIDA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GANDARA, JOSE 4235 SW 160TH AVENUE, #108 MIRAMAR, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report and supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attached document with an address, with all other like empowered.			
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>8/8/05</u> (305)558-9820 <small>Daytime Phone #</small>	