


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 22 AM 9:26

<b>DOCUMENT # N03000003962</b>					
1. Entity Name <b>WESTLAND GARDENS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 5979 NW 151ST STREET SUITE 101 MIAMI LAKES, FL 33014			Mailing Address P.O. BOX 160718 HIALEAH, FL 33016		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>55-0831994</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FLORIDA'S PROPERTY MANAGEMENT 5979 NW 151ST STREET SUITE 101 MIAMI LAKES, FL 33014			Name <b>Angelica Young, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5901 SW 74 st suite 300</b> City <b>South Miami</b> FL Zip Code <b>33143</b>		
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 <i>*Angelica Young, P.A.</i>				DATE <b>4-14-08</b>	
FILE NOW!!! FEE IS \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
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 SADIK, HABACH 5979 NW 151ST STREET MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sadik Habach 5025 W 20 AVE # 308 Hialeah, FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEROVIDES, RICARDO 5979 NW 151ST STREET MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ricardo Berovides 5775 W 20 AVE # 204 Hialeah, FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREZ, ADRIANA 5979 NW 151ST STREET MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Osvaldo Enriquez 5775 W 20 AVE # 309 Hialeah, FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, MARIANELA 5979 NW 151ST STREET MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mananela Gonzalez 5775 W 20 AVE # 215 Hialeah, FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBA, KENNETH 5979 NW 151ST STREET MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marta Gonzalez 5755 W 20 AVE # 105 Hialeah, FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 07-08 154/23/08		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400125024604 04/22/08--01009--025 **122.50	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or 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 the receiver 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 attachment with an address, with all other like empowered.					
SIGNATURE: <i>Sadik Habach</i>				DATE: <b>4/14/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE #: <b>305-817-1616</b>	