

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

93 AUG -9 PM 4:01

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03661

1. Corporation Name

EL POLO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10625 S.W. 130 Terr.
Miami, FL 33176

10625 S.W. 130 Terr.
Miami, FL 33176

REINSTATEMENT 78-99

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc		Suite, Apt. #, etc.		06/14/1984	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2797083	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	Aida Estevez	10625 S.W. 130 Terr.	Miami, FL 33176
VPD	Analia Ragonesi	10621 N. Kendall Dr. Ste. 218	Miami, FL 33176
D	Kelly Morgan	10621 N. Kendall Dr. Ste.218	Miami, FL 33176
D	Ulises ESTEVEZ	10625 S.W. 130 Terr	Miami, FL 33176
			200002960142--2 -08/16/99--01007--011 ****306.25 ****306.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Estevez, Aida 10625 S.W. 130 Terr. Miami, FL 33176		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.
Signature of Registered Agent: *Aida Estevez* REGISTERED AGENT MUST SIGN Date: _____

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 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: *Aida Estevez* AIDA ESTEVEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____

CR2E040 (1/98)