

Pg 2072

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

2nd request
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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP
Account Number : 075350000132
Phone : (305)374-7580
Fax Number : (305)351-2122

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
PALMA VISTA AT PALMA SOLA HOMEOWNERS' ASSOCIATION, I

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$428.75 |

3240
mailers.

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Corporate Filing Menu

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAR 13 PM 1:49

DOCUMENT # N04000006651

1. Corporation Name
PALMA VISTA AT PALMA SOLA HOMEOWNERS' ASSOCIATION, INC.

REINSTATEMENT 09-12

| | | | |
|---------------------------------------------------------------------------------|---------------|---------------------------------------------------------------|---------------|
| 2. Principal Office Address - No P.O. Box # c/o Rialto Capital Advisors, LLC | | 3. Mailing Office Address c/o Rialto Capital Advisors, LLC | |
| Suite, Apt. #, etc. 730 NW 107th Ave, Ste 400 | | Suite, Apt. #, etc. 730 NW 107th Ave, Ste 400 | |
| City & State Miami, Florida | | City & State Miami, Florida | |
| Zip 33172 | Country US | Zip 33172 | Country US |

CR20081 (11/10)

| |
|-------------------------------------------------------------------------------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida July 07, 2004 |
| 5. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> |

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

MAR 13 2012

T. CAULEY

8. I, being appointed the registered agent of the above named corporation, am familiar with the provisions of section 907.0605 or 617.0605, F.S.

Signature of Registered Agent *Madonna Cuddy* **Madonna Cuddy**
Special Assistant Secretary 2/9/12

REGISTERED AGENT MUST SIGN

9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officer and/or Director | Street Address of Each Officer and/or Director | City / State / Zip |
|-------|---------------------------------|------------------------------------------------|----------------------|
| D | Almee Carlson | 730 NW 107th Ave, Ste 400 | Miami, Florida 33172 |
| D | Marlin Urruela | 730 NW 107th Ave, Ste 400 | Miami, Florida 33172 |
| D | Matt Papunen | 730 NW 107th Ave, Ste 400 | Miami, Florida 33172 |
| | | | |
| | | | |

10. E-mail Address: almee.carlson@rialtocapital.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 897 of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.186, F.S.

SIGNATURE: *Almee Carlson* 1/24/2012 (305)228-6400

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