

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUN -7 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000605203

1. Corporation Name

Islas Canarias, a Condominium Association, Inc.

2. Principal Office Address - No P.O. Box #

1940 SW 4 Street

3. Mailing Office Address

P.O. Box 832916

Suite, Apt. #, etc.

Apt. 7

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33135

Country

USA

Zip

33283

Country

USA

4001217781014
06/07/10--01085--007 #867.50

REINSTATEMENT 08-10

4. Date Incorporated or Qualified To Do Business in Florida 5/18/2005

5. FEI Number 710986282

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Evelyn Prado

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

7523 SW 109 Ave.

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33173

PROFIT CORPORATIONS ONLY
 The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Evelyn Prado

REGISTERED AGENT MUST SIGN

Date MAY 26, 2010

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|--------------------|
| PD | Evelyn Prado | 7523 SW 109 Ave. | Miami, FL 33173 |
| VP | Sandra Delgado | 1940 SW 4 Street, Apt. 7 | Miami, FL 33135 |
| TSD | Armando R. Rojas | 1940 SW 4 Street, Apt. 5 | Miami, FL 33135 |
| | | | |
| | | | |
| | | | |

10. E-mail Address: evelynprado@hotmail.com

(To be used for future annual report notification)

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, 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

SIGNATURE:

Evelyn Prado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 26, 2010

Date

Daytime Phone #