

**2006 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT**

FILED

06 JAN 11 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99 (11/05) 05-06

DOCUMENT # N05257			
1. Entity Name VILLAS LINDAS TOWNHOUSES ASSOCIATION, INC.			
Principal Place of Business 1770 WEST 59 STREET HIALEAH, FL 33012		Mailing Address AMERICA MGT & REALTY INC 2011 WEST 62 STREET HIALEAH, FL 33016	
2. Principal Place of Business 2011 West 62nd St.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah		City & State	
Zip FL	Country USA	Zip	Country
6. Name and Address of Current Registered Agent HERNANDEZ, HENRY 2011 WEST 62 STREET HIALEAH, FL 33016		4. FEI Number 59-2566325	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of New Registered Agent	
		Name Caridad Garcia	
		Street Address (P.O. Box Number is Not Acceptable) 2011 West 62nd Street	
		City Hialeah	
		State FL	
		Zip Code 33016	
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>Caridad Garcia</i>		DATE 1/3/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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 CANO, GRISELL 1770 WEST 59 STREET HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800064014368 01/19/06--01007--006 **297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARCIA, YADIRA 1768 WEST 59 STREET HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERNANDEZ, OLIMPIA 1756 WEST 59 STREET HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Yadira Garcia</i>		Date: 1/3/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR YADIRA GARCIA		Daytime Phone #: 3055589820	