PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 FEB 19 A 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600169841916
02/19/10--01016--001 **183.75

CR2E081 (1/07)

DOCUMENT # N06000008083

1. Corporation Name

Westhaven At 23RD Court CondoMINIUM Association, INC

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
2721 NW 23 Ct	2721 NW 23 Ct
Suite, Apt. #, etc.: 2	Suite, Apt. #, etc.: 2
City & State: MIAMI, FL	City & State: FL, MIAMI
Zip: 33142 / Country: USA	Zip: 33142 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07 31 2007

5. FEI Number: Applied for ☐ 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: LISBETH GARCIA

Street Address (P.O. Box Number is Not Acceptable): 2721 NW 23 COURT

Suite, Apt. #, Etc.: #02

City: MIAMI State: FL Zip Code: 33142

☑ The 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: Lisbeth Garcia — REGISTERED AGENT MUST SIGN — Date: 2 18 10

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
D	HUGO PALACIOS	2721 NW 23Ct	MIAMI FL 33142
D	JOSE CARDONA	2721 NW 23Ct	MIAMI FL 33142
D	LISBETH GARCIA	2721 NW 23Ct #2	MIAMI FL 33142
		REINSTATEMENT	
			08-10

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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: Lisbeth Garcia — 2/18/2010

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