

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAR 18 AM 7:57

DOCUMENT # *η* 07000005328

1. Corporation Name

RESIDENCES AT VIZCAYA MASTER HOA, INC.

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

14600 S.W. 136TH STREET

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33186

County

DADE

3. Mailing Office Address

14600 S.W. 136TH STREET

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33186

Country

Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

May 29, 2007

5. FEI Number

80-0562329

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

c/o Law Offices of Eduardo Jose Garcia, P.A.

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

Grove Professional building, 2950 S.W. 27th Ave,

Suite, Apt. #, Etc.

SUITE 300

City

Miami, Fl

State

FL

Zip Code

33141

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.

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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

REGISTERED AGENT MUST SIGN

Date 3/11/10

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	GARCIA-CARILLO, MICHAEL	14600 S.W. 136TH STREET	MIAMI, FL, 33186
D	GIRAULT, MAURICIO	14600 S.W. 136 STREET	MIAMI, FL, 33186
D	SERVITJE, ROBERTO	14600 S.W 136 STRRET	MIAMI, FL, 33186

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10. E-mail Address: CBELL@VIZCAYAMANAGEMENT.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

Michael Garcia-Carillo

3-11-10 305 930 9189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #