

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



CORPORATION
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 AMENDED AR

FILED

08 OCT 14 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15065

1. Corporation Name

CARMEL TOWNHOMES CONDOMINIUM ASSOCIATION INC.

500136895965
10/14/08--01023--001 **\$1.25

CR2E081 (8/05)

2. Principal Office Address

4445 W 16 Ave

Suite, Apt. #, etc.

308

3. Mailing Office Address

4445 W 16 Ave

Suite, Apt. #, etc.

308

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33012

Country

DADE

Zip

33012

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2620154

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

LEDESMA, ZENAIDA

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

798 W 34 St

Suite, Apt. #, Etc.

City

HIALEAH

State
FL

Zip Code
33012

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

Z. Ledesma

REGISTERED AGENT MUST SIGN

Date

09/23/08

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
P	LEDESMA ZENAIDA	798 W 34 St	HIALEAH, FL 33012
VPD	ARIAS, GUSTAVO	5042 W 12 Ln	HIALEAH, FL 33012
SD	ARRAZCAETA, LUIS	5090 W 12 Ln	HIALEAH, FL 33012
TD	ALVAREZ, OSVALDO H	5088 W 12 Ln	HIALEAH, FL 33012

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 under section 119.07(3)(i), 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:

Z. Ledesma

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/23/08

Date

Date of Filing

W.M.L.