

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

08 DEC 15 AM 8:01

DOCUMENT # N15065

1. Corporation Name
CARMEL TWH CONDOMINIUM ASSOCIATION INC

300138440319
12/04/08--01033--002 **61.25

2. Principal Office Address
4445 W 16 Ave

3. Mailing Office Address
4445 W 16 Ave

Suite, Apt. #, etc.
308

City & State
HIALEAH FL

Zip Country
33012 DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-2620154

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

7. Name and Address of Current Registered Agent

Name
ZENAIDA, LEDESMA

Street Address (P.O. Box Number is Not Acceptable)
798 W 34th 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 Date 12-02-08
REGISTERED AGENT MUST SIGN

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 D	LEDESMA, ZENAIDA	798 W 34 St	HIALEAH, FL 33012
VPD	ARIAS, GUSTAVO	5042 W 12 Ln	HIALEAH, FL 33012
TSD	JIMENEZ, NURYS A	1350 W 51 P1	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: Date 12-02-08 305-823-1201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

12/16/08