

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

03 AUG 21 AM 8:00

DOCUMENT #

N20659

1. Corporation Name

Milam Airport Park III Condominium Association Inc

2. Principal Office Address

8299 Coral Way

Suite, Apt. #, etc.

3. Mailing Office Address

8299 Coral Way

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33155

Country

USA

Zip

33155

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0040180

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

Julio Gonzalez-Portuondo % P. M. S.

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

8299 Coral Way

500022477945

Suite, Apt. #, Etc.

08/21/03--01033--004 **367.50

City

Miami

State

FL

Zip Code

33155

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

Julio Gonzalez-Portuondo

REGISTERED AGENT MUST SIGN

Date

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 |
|--------|-----------------------------------|--|--------------------|
| PD | MARTIN, CARLOS | 8299 Coral Way | Miami, FL 33155 |
| VD | Leon, MARTIN | 8299 Coral Way | Miami, FL 33155 |
| STD | Rodriguez, ANA MARIA | 8299 Coral Way | Miami, FL 33155 |
| | | | |
| | | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos Martin CARLOS MARTIN

Date

8/13/03

Daytime Phone #

305-599-3791

CR2E081 (10/02)