

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DOCUMENT # N24322

1. Corporation Name: Kendall Falls Condominium Association, INC.

Mailing Address: 13904 SW 65 Terrace Miami, FL 33183
Principal Place of Business: 13904 SW 65 Terrace Miami, FL 33183

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Mailing Address, If Applicable: P.O. Box 16-0105 Suite, Apt. #, etc
3. New Principal Office Address, If Applicable: c/o Qualita Financial Group, Inc. 241 Sevilla Avenue Suite 906 Coral Gables, FL 33016

FILED 99 MAR 29 PH 4:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT

Handwritten notes: 98-99-198-3/29/99

4. Date Incorporated or Qualified To Do Business in Florida: January 12, 1989
5. FEI Number: 65-0167930
6. CERTIFICATE OF STATUS DESIRED: [X] Applied For [] Not Applicable
\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City - State - Zip. Includes entries for Pres. D Mario Camargo, Jr., V.P./Tres. D Manuela Camargo, and Secty. D Edgar Woo.

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-04/07/99-01078-001
****297.50 ****297.50

8. Name and Address of Current Registered Agent: Maria D. Whisenant, 13904 SW 65 Terrace, Miami, FL 33183

9. Name and Address of New Registered Agent: Name: Mario Camargo, Sr. Street Address: c/o Qualita Financial Group, Inc. 241 Sevilla Avenue, #906 Coral Gables, FL 33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent: [Signature] Date: 1-5-98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [X] (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [] No [X] (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Signature] Date: 1-5-98 (305) 448-1010

Vertical text on the right edge: 98-99-198-3/29/99