

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 OCT 21 AM 9:45



**CORPORATION  
REINSTATEMENT.**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N24322**

1. Corporation Name  
**KENBELL FALLS CONDOMINIUM  
ASSOCIATION INC  
13358 SW 128 ST  
MIAMI FL 33186**

2. Principal Office Address  
3. Mailing Office Address  
**13358 SW 128 ST**

Suite, Apt. #, etc.  
City & State  
**MIAMI FL**

Zip Country Zip Country  
**33186**

**REINSTATEMENT-2304**  
**10/01/04 01055 001 297-50**

4. Date Incorporated or Qualified To Do Business in Florida  
5. FEI Number **65-0167930**  
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 **JOSEPH R. PEDRON**  
Street Address (P.O. Box Number is Not Acceptable)  
**13358 SW 128 ST**  
Suite, Apt. #, Etc.  
City **MIAMI** State **FL** Zip Code **33186**

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 **[Signature]** Date **8/26/04**  
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
President	Jesus R. Perez	13892 SW 65 Terr	Miami, FL 33183
Vicepres	Ludis Garcia	13900 SW 65 Terr	Miami, FL 33183
Boardmemb	PAUL CALIS	13951 SW 65 Terr	Miami, FL 33183

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]** **Jesus R. Perez** Date **09/20/04** Daytime Phone # **786-543-4444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR