

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 DEC 18 AM 8:10
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26329

1. Corporation Name

WEST VIEW VILLAS CONDOMINIUM
ASSOCIATION INC.

2. Principal Office Address

2400 WEST 54TH PLACE

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

Zip

33016

Country

UNITED STATES

3. Mailing Office Address

2400 WEST 54TH PLACE

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

Zip

33016

Country

UNITED STATES

4. Date incorporated or Qualified
To Do Business in Florida

05/09/1988

5. FEI Number

650486969

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

DAVID LOPEZ

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

2400 WEST 54TH PLACE

Suite, Apt. #, Etc.

City

HIALEAH

State
FL

Zip Code

33016

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

REGISTERED AGENT MUST SIGN

Date

12/11/2006

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	DAVID LOPEZ	2400 WEST 54TH PLACE	HIALEAH, FL 33016
V	HENRY GARDILLO	2405 WEST 54TH PLACE	HIALEAH, FL 33016
S	PORFIRIO ALVAREZ	2420 WEST 54TH PLACE	HIALEAH, FL 33016
T	ISMAEL MARQUEZ	2424 WEST 54TH PLACE	HIALEAH, FL 33016
	<i>12/19</i>		

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 contained in Chapter 119, 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:

DAVID LOPEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/2006

Date

305-819-7568

Daytime Phone #