

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 27 AM 10: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27939

1. Corporation Name

ELAN AT Calusa Condominium
X Association, Inc.

REINSTATEMENT 06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

40 All Florida Management Co.

Suite, Apt. #, etc.

9415 Sunset Dr. #149

City & State

Miami Florida

Zip Country

33173 US

3. Mailing Office Address

40 All Florida Management Co.

Suite, Apt. #, etc.

9415 Sunset Dr. #149

City & State

Miami Florida

Zip Country

33173 US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0092975

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

FERN + MELONI Attorneys At Law

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

40 Eduardo Meloni

Suite, Apt. #, Etc.

900 S.W. 40 AVENUE

City

Plantation

State

FL

Zip Code

33317

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

11/21/07

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	KIM TORRENTE	9415 Sunset Dr. #149	Miami, FL 33173
STD	RENEE ALVAREZ	9415 Sunset Dr. #149	Miami, FL 33173
D	CATHIE CARR	9415 Sunset Dr. #149	Miami, FL 33173

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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:

Kim Torrente

- President - 11/19/07

Date

(305) 630-3660

Daytime Phone #

KIM TORRENTE