

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR 21 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42649

1. Corporation Name
Windsor Condominium Association, Inc

\$2w/30

2. Principal Office Address - No P.O. Box #
735 NW 13 Avenue

3. Mailing Office Address
1840 W 49th Street

100122546771
04/21/08--01002--017 **105.00

REINSTATEMENT 06-08

State, Apt. #, etc.

State, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

City & State
Miami, Florida

City & State
Hialeah, Florida

5. FBI Number
1050260817

Applied For
 Not Applicable

Zip
33125

Country
USA

Zip
33012

Country
USA

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
G. Vic Management Inc

Street Address (P.O. Box Number is Not Acceptable)
1840 W 49th Street

State, Apt. #, Etc.
SUITE 726

City
Hialeah

State
FL

Zip Code
33012

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

[Signature]

Date 3/29/08

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
Pres.	Luz Elena Rendon	735 NW 13 Avenue Apt # 6	Miami, FL 33125
V.PRES	Benito Alfonso	735 NW 13 Avenue Apt # 5	Miami, FL 33125
Sec.	Julia Vargas	735 NW 13 Avenue Apt # 1	Miami, FL 33125
Treas.	Martha Goday	747 NW 13 Avenue Apt # 6	Miami, FL 33125
Direct.	Oscar Ferrari	747 NW 13 Avenue Apt # 1	Miami, FL 33125

10. I certify that I am an officer or director or the treasurer 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 taxes 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:

[Signature]

3/29/08

100122546771
04/08/08--01015--016 **78.75

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #