

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 21 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N42649

1. Corporation Name

WINDSOR CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address *Avenue*  
735 NW 13TH

Suite, Apt. #, etc.

City & State  
MIAMI, FL

Zip Country  
33125 USA

3. Mailing Office Address  
C/O J. R. GONZALEZ & ASSC

Suite, Apt. #, etc.

P O BOX 65-3039

City & State  
MIAMI, FL

Zip Country  
33265 USA

**REINSTATEMENT**

02-03

4. Date Incorporated or Qualified  
To Do Business in Florida 03/03/1999

5. FEI Number  
65-0260817

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  
JESUS R. GONZALEZ

Street Address (P.O. Box Number is Not Acceptable) 11936 SW 8TH STREET 000024924030  
11/21/03--01036--008 \*\*297.00

Suite, Apt. #, Etc.

City  
MIAMI

State Zip Code  
FL 33184

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]*  
REGISTERED AGENT MUST SIGN

Date 04/25/03

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	LUZ E. RENDON	735 NW 13TH AVENUE #6	MIAMI, FL 33125
VD	MARÍA J. SAEZ	747 NW 13TH AVENUE #3	MIAMI, FL 33125
SD	ROBERTO CASTILLO	735 NW 13TH AVENUE #4	MIAMI, FL 33125
TD	MARTHA GODOY	747 NW 13TH AVENUE #6	MIAMI, FL 33125

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 04/25/03 (305) 553-1989  
Daytime Phone #

CR2E081 (10/02)