


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED</p> <p>97 JUN 10 AM 4:43</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																															
<p>DOCUMENT # N43895</p> <p>1. Corporation Name West Palm Gardens Villas Condo. Assoc. Inc.</p>		<p>Principal Place of Business</p> <p>Mailing Address SPM Group Inc. 2151 Le Jeune Rd. S-305 Coral Gables, FL 33134</p>		<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																															
<p>2. New Principal Office Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip</p>		<p>3. New Mailing Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip</p>		<p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p>06-13-91</p> <p>5. FEI Number</p> <p>65-0293761</p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																															
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1</th> <th style="width:30%;">2</th> <th style="width:30%;">3</th> <th style="width:30%;">4</th> </tr> <tr> <th>Title(s)</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>City, State, Zip</th> </tr> </thead> <tbody> <tr> <td>PD</td> <td>Armando Aleman</td> <td>2331 W 69st #1</td> <td>Hialeah, FL 33016</td> </tr> <tr> <td>VD</td> <td>Hector fundidor</td> <td>2329 W 69st #1</td> <td>Hialeah, FL 33016</td> </tr> <tr> <td>TD</td> <td>Celia Vasquez</td> <td>2367 W 69st #1</td> <td>Hialeah, FL 33016</td> </tr> <tr> <td>SD</td> <td>Yvonne Alcina</td> <td>2263 W 69st #1</td> <td>Hialeah, FL 33016</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		1	2	3	4	Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip	PD	Armando Aleman	2331 W 69st #1	Hialeah, FL 33016	VD	Hector fundidor	2329 W 69st #1	Hialeah, FL 33016	TD	Celia Vasquez	2367 W 69st #1	Hialeah, FL 33016	SD	Yvonne Alcina	2263 W 69st #1	Hialeah, FL 33016									<p>300002212143-5</p> <p>06/13/97-01127-002</p> <p>*****61.25 *****61.25</p>	
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<p>8. Name and Address of Current Registered Agent</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name: SPM Group, Inc.</p> <p>Street Address (P.O. Box Number is Not Acceptable): 2151 Le Jeune Road</p> <p>Suite, Apt. #, Etc.: 305</p> <p>City: Coral Gables State: FL Zip Code: 33134</p>																																	
<p>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</p> <p>Signature of Registered Agent: <u>Jamyky</u> REGISTERED AGENT MUST SIGN</p> <p>Date: 4-24-97</p> <p>300002212143-5</p> <p>06/13/97-01127-003</p> <p>*****236.25 *****236.25</p>		<p>REINSTATEMENT 96-97</p>																																	
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>(See other side for information on intangible tax.)</p>																																	

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Armando Aleman Date: 4-24-97 (305) 824-1876

CRF0040 (1/2/95)