

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

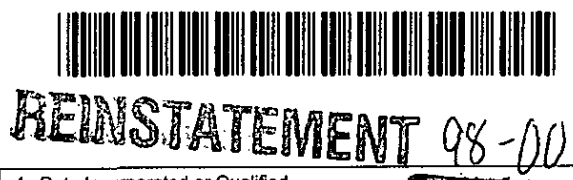
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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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DOCUMENT # **N94000000034**

1. Corporation Name
POINT LAKE VILLAS CONDOMINIUM ASSOCIATION, INC.
 N-12103

Principal Place of Business	Mailing Address
14275 SW 142 AVE SUITE 32 MIAMI FL 33186 US	14275 SW 142 AVE SUITE 32 MIAMI FL 33183 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable P.O. BOX 831235	3. New Mailing Office Address, If Applicable P.O. BOX 831235
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI FL	City & State MIAMI FL
Zip 33283 Country DADE	Zip 33283 Country DADE

4. Date Incorporated or Qualified To Do Business in Florida 01/05/1994	
5. FEI Number 65-0458591	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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
D	BELGADO, MANUEL	7655 SW 233CT #105	MIAMI FL
VP P	FERNANDEZ, ANTONIO ROLANDO PEREZ	15355 SW 76TH TERRACE 15355 SW 77 LANE	MIAMI FL 33193
D VP	DELA CRUZ, MANUEL PEDRO GOMEZ	15385 SW 76TH TERRACE, #105 15385 SW 77 LANE	MIAMI FL 33193
D	ANTONIO FERNANDEZ	15355 SW 76 TERR #102	MIAMI FL 33193
D	MANUEL DE LA CRUZ	15385 SW 76 TERR #105	MIAMI FL 33193
D	MARIA VILA	15390 SW 76 TERR #102	MIAMI FL 33193

8. Name and Address of Current Registered Agent
~~TRIAI, CARLOS~~
 999 PONCE DE LEON
 SUITE 1110
 CORAL GABLES FL 33134

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City
 State
 Zip Code

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.
 Signature of Registered Agent: **SIGNATURE REQUIRED** Date: 6/13/00
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 REQUIRED** Date: 6/20/00 Daytime Phone #: 305-385-8617
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/88)