

297 50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 9916000003984		FILED 98 JUN -3 AM 10:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name PARAISO Condominium Assoc Inc 1000 W 28 ST Apt 11 Hialeah FL 33010		300002556683-- 4 -06/11/98--01058--003 *****297.50 *****297.50	
Principal Place of Business 1000 W 28 ST Apt 11 Hialeah FL 33010			
Mailing Address 1000 W 28 ST Apt 11 Hialeah FL 33010			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida 7-25-94	
		5. FEI Number 65050 8664	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
T	José MONTESINO	1000 W 28 ST Apt 11	Hialeah FL 33010
D	BLANCA M. LEY	1000 W 28 ST Apt 12	Hialeah FL 33010
D	MANUEL G. PRENDES	984 W. 28 ST	Hialeah, Fla. 33010
REINSTATEMENT 97-98			
4-6-9-98			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name José Montesino	
		Street Address (P.O. Box Number is Not Acceptable) 1000 W 28 ST Apt 11	
		Suite, Apt. #, Etc.	
		City Hialeah	
		State FL	Zip Code 33010
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 José Montesino		Date 4-22-98	
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
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: José Montesino		Date 4/22/98	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	