

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


FILED

08 MAR -4 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02262008 REIN-NP CR2E099 (1/07)

DOCUMENT # N98000001799			
1. Entity Name VISTA AL LAGO CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 7750 WEST 26TH AVE SUITE 4 HIALEAH, FL 33016		Mailing Address P O BOX 160718 HIALEAH, FL 33016	
2. Principal Place of Business - No P.O. Box # 5979 NW 151 ST		3. Mailing Address	
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc.	
City & State MIAMI LAKES, FL		City & State	
Zip 33014	Country U.S.A.	Zip	Country
4. FEI Number 65-0915752		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA'S PROPERTY MGMT GROUP 7750 WEST 26TH AVE SUITE 4 HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name KABA & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 W. 49 ST. Suite 235 City HIALEAH FL Zip Code 33012	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Moises Kaba</i> Signature, typed or printed name of registered agent and title if applicable.		MOISES KABA (NOTE: Registered Agent signature required when reinstating)	
2/27/08 DATE			
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILCHEZ, JOSE 7750 WEST 26TH AVE HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER 7750 W 26 AVE Guillermo O. Perez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAREDES, MARTA 7750 WEST 26TH AVE HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000120746130 03/19/08--01035--003 **122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HENRIQUEZ, ISMAEL 7750 WEST 26TH AVE HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCMICHEN, CINDY 7750 WEST 26TH AVE HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

RH 108

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with the address, with all other like empowered.

SIGNATURE *Jose Vilchez* 2/26/08 (786) 210-6832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #