


Page 1st 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 MAR -8 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000002117.

1. Corporation Name  
 Villa Doral Master Homeowners  
 Association, Inc.

700005169737--6  
-03/26/02--01053--015  
\*\*\*\*122.50 \*\*\*\*122.50

2. Principal Office Address  
 4700 NW 114 AVE

3. Mailing Office Address  
 2500 NW 97 AVE

Suite, Apt. #, etc.  
 Suite 200

City & State  
 Miami FL

City & State  
 Miami FL

Zip Country  
 33178 USA

Zip Country  
 33172 U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
 65-0914975

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  
 Dennis Eisinger P.A.

Street Address (P.O. Box Number is Not Acceptable)  
 4000 Hollywood Blvd

Suite, Apt. #, Etc.  
 Suite 265 South

City  
 Hollywood

State  
 FL

Zip Code  
 33021

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  
 Dennis Eisinger

REGISTERED AGENT MUST SIGN

Date  
 3/14/02

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	Gandullia, Erika	4748 NW 114 AVE Unit 103 Miami, FL 33178	Miami, FL 33178
VP/D	Alvarez, Angel	4724 NW 114 AVE Unit 201	Miami, FL 33178
SD	Webb-Portela, Pilar	4760 NW 114 AVE Unit 101	Miami, FL 33178
D	Galliani, Victor	4736 NW 114 AVE Unit 205	Miami, FL 33178

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: Angel Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
 3/14/02

Daytime Phone #  
 (305) 854-9267

CR2001 (9/00)

# SPM Group, Inc.

A Community Association Management Company

Page 2 of 2  
2500 NW 97<sup>th</sup> Avenue  
Suite 200  
Miami, Florida 33172

Tel.: (305) 444-6757  
Fax.: (305) 444-6758

January 15, 2002

Florida Department of State

RE: Villa Doral Master Homeowners Association, Inc.  
Federal ID No.: ~~65-0903710~~ 65-0914975 ~~900~~

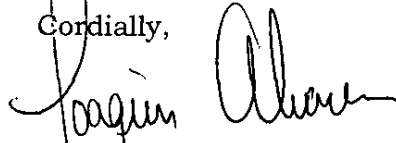
Dear Sir or Madam:

Please be advised that the Annual Report was sent to the wrong address, our office address is c/o SPM Group, Inc., 2500 N.W. 97 Avenue, Suite 200, Miami, Florida 33172.

As a result, the association did not receive the Annual Report and was unable to properly file the report so that the association was not dissolved. Enclosed you will find check number ~~1641~~<sup>440</sup> in the amount of \$122.50 along with the executed Annual Report for Villa Doral Master Homeowners Association.

Please make the necessary changes so that the new address is reflected. Thank you in advance for your prompt attention towards this matter. Should you have any questions, please call me at (305) 444-6757.

Cordially,



Joaquin Alvarez  
C.A.M.

cc: Board of Directors  
File