

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

2001 UBL

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

DOCUMENT # **198000001832**

1. Corporation Name
Villas Del Alhambra Condominium Assoc. Inc.

2. Principal Office Address
2500 NW 97 Ave. No. 200
Suite, Apt. #, etc.

3. Mailing Office Address
S. A. A.
Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33172 Country
Dade

Zip Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0886431 ☒ 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

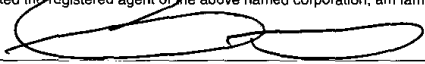
Name
Carlos Artega **200004586372-5**
-09/13/01--01006--013

Street Address (P.O. Box Number is Not Acceptable)
2500 NW 97 Ave. No. 200 *******61.25 *****61.25**

Suite, Apt. #, Etc.
LS

City
Miami, FL State
FL Zip Code
33172

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  Date **9/23/01**

REGISTERED AGENT MUST SIGN

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.	Cesar Nuvarrete	201 NW 109 Ave. 101	Miami, FL 33172
VP.	Gerardo Zamora	201 NW 109 Ave. No. 105	" " "
TS.	Francisco Suero	209 NW 109 Ave. No. 410	" " "
Sec.	Ligia Cabrera	10840 NW 2 St. No. 309	" " "
D.	Marcos Cernada	211 NW 109 Ave. No. 506	" " "
D.	Carlos Melendez	355 NW 109 Ave. No. 603	" " "

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:  **8-23-01** **(305) 444-6757**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #