PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 FEB 11 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006688

1. Corporation Name
Villa Encantada Condominium #2 Association, Inc.

2. Principal Office Address	3. Mailing Office Address
137 Ave & 157 St.	11936 SW 8 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl.	City & State: Miami, Fl.
Zip: 33177 Country:	Zip: 33184 Country:

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida 9/21/2001

5. FEI Number 65-1042966 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee Required for a Certified Copy

7. Name and Address of Current Registered Agent

Name: Jesus R. Gonzalez

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-02/20/02--01064--016
****297.50 ****297.50

Street Address (P.O. Box Number is Not Acceptable): 11936 SW 8 Street

LS

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33184

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: Jesus R. Gonzalez Date: 1/9/02
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
Pres.	Leopoldo Ortiz	15751 SW 137 Ave #204	Miami, Fl. 33177
Sec	Mirla N. Ramiro	15751 SW 137 Ave #203	✓ ✓
Treas	Pedro J. Costa	15751 SW 137 Ave #102	✓ ✓
Dir.	Roberto Galinanes	15771 SW 137 Ave #103	✓ ✓
Dir.	Andres A. Rendon	15771 SW 137 Ave #104	✓ ✓

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: Jesus R. Gonzalez 1/9/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #