


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

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

**DOCUMENT #** N93000002871

**1. Corporation Name** Palm Villas Condominium Association, Inc.

<b>2. Principal Office Address</b>		<b>3. Mailing Office Address</b>	
8095 NW 12th		8095 NW 12th	
Suite, Apt. #, etc. 4th Floor		Suite, Apt. #, etc. 4th Floor	
City & State Miami, FL		City & State Miami, FL	
Zip 33126	Country US	Zip 33126	Country US

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 94-04

**4. Date Incorporated or Qualified To Do Business in Florida** 12/17/93

**5. FEI Number** Applied For ☒ 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 **SKRLD, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
201 Alhambra Circle

Suite, Apt. #, Etc.  
11th Floor

City **Coral Gables** State **FL** Zip Code **33134**

**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.**

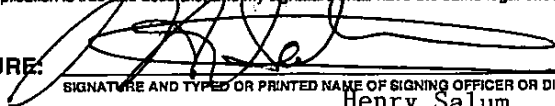
Signature of Registered Agent **X Oscar R. Rivera V. President** Date **December 17, 2004**

REGISTERED AGENT MUST SIGN **Oscar R. Rivera V. President**

**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
P	Henry Salum	8095 NW 12th 4th Floor	Miami, FL 33126
S	Maribel Vallon	"	"
VP	Alice Salum	"	"
VP	Ann Rojas	"	"
			400043615034 12/13/04--01033--014 **848.75
			400043615034 12/13/04--01033--015 **8.75

**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:**  **12/17/04** **305-470-8585 ext. 401**

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