

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


2007 JUL 31 AM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-07

CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766415
1. Corporation Name
West Oaks Condominium Association, Inc.

2. Principal Office Address - No P.O. Box # 833 West Avenue		3. Mailing Office Address 833 West Avenue	
Suite, Apt. #, etc. Apt #503		Suite, Apt. #, etc. Apt #503	
City & State Miami Beach, Florida 33139		City & State Miami Beach, Florida	
Zip 33139	Country	Zip 33139	Country

4. Date Incorporated or Qualified To Do Business in Florida Jan. 6, 1983

5. FEI Number 592 472 925	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Nancy Zerquera

Street Address (P.O. Box Number is Not Acceptable)
833 West Avenue

Suite, Apt. #, Etc.
apt #503

City
Miami Beach, Florida 33139

State
FL

Zip Code
33139

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Nancy Zerquera* Date 7/26/07

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	Nancy Zerquera	833 West Avenue #503	Miami Beach, Florida 33139
V.P.	Mariluz Meza	833 West Avenue #502	Miami Beach, Florida 33139
Tres	Richard Aguilar	757 NW 27 AVE.#204	Miami, Florida 33125
Sec	David Doebler	833 West Avenue #404	Miami Beach, Florida 33139
Dir	Magaly Gomez	833 West Avenue #301	Miami Beach, Florida 33139

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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 contained in Chapter 119, 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: *Nancy Zerquera* Date 7/26/07 305 532 0921 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2 W