

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 05 MAR 14 PM 1:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 718612

1. Corporation Name

CARLYLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7925 CARLYLE AVE
 APT #202
 MIAMI BEACH FL 33141
 US

7925 CARLYLE AVE
 APT #202
 MIAMI BEACH FL 33141
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7925 CARLYLE AVE
 Suite, Apt. #, etc. 404

3. New Mailing Office Address, If Applicable

7925 CARLYLE AVE
 Suite, Apt. #, etc. 404

City & State
 Miami Beach, FL

City & State
 Miami Beach FL

Zip 33141 Country USA

Zip 33141 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

06/02/1970

5. FEI Number

59-1445043

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DT	ESCALERA, JOSEFINA	7925 CARLYLE AVE #304	MIAMI BEACH FL 33141
PD	ENRIQUEZ, YRIS	7925 CARLYLE AVE, APT. #202	MIAMI BEACH FL 33141
SD	MENCIA, DANIEL	7925 CARLYLE AVE, APT. #204	MIAMI BEACH FL 33141
PS	LAURA CARDENAS	7925 CARLYLE AVE. 404	Miami Beach, FL, 33141
TD	LUZ MARY GOMEZ	7925 CARLYLE AVE 201	Miami Beach, FL, 33141

400048844884
 03/22/05--01016--002 **490.00

8. Name and Address of Current Registered Agent

ENRIQUEZ, YRIS
 7925 CARLYLE AVE
 APT #202
 MIAMI BEACH FL 33141

9. Name and Address of New Registered Agent

Name LAURA CARDENAS
 Street Address (P.O. Box Number is Not Acceptable) 7925 CARLYLE AVE
 Suite, Apt. #, Etc. 404
 City Miami Beach State FL Zip Code 33141

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Signature
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

03. 11. 2005

11. 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:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03. 11. 2005 786.486.7411

CR2040 (8/01)