

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**FILED**

13 NOV -5 PM 6:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724658

1. Corporation Name

WINDSOR ESTATES CONDOMINIUM NO.5, INC.

2. Principal Office Address - No P.O. Box #

1250 SW 4ST

Suite, Apt. #, etc.

APT 1

City & State

MIAMI FLORIDA

Zip

33135

Country

DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 74-13

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10-27-72

5. PER Number

59 2735 404

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANTONIO MAYNEGRA

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

1250 SW 4ST

Suite, Apt. #, etc.

APT 1

City

MIAMI

State

FL

Zip Code

33135

700253406167
10/31/13--01005--009 **2686.25700253406167
10/31/13--01005--010 **8.75

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 10/29/13

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
D	ANTONIO MAYNEGRA	1250 SW 4ST APT 1	MIAMI FLA 33135
T	ANTONIO MAYNEGRA	1250 SW 4ST APT 1	MIAMI FLA 33135
M	ANTONIO MAYNEGRA	1250 SW 4ST APT 1	MIAMI FLA 33135

10 E-mail Address: TOMAY36@peoplepc.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

ANTONIO MAYNEGRA

10/29/13

305-631-0154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #