

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -7 PM 1:12

DOCUMENT # **726594**

1. Corporation Name
ALMERIA GARDENS CONDOMINIUM, INC.
PO BOX 565853
PINECREST, FL 33256

2. Principal Office Address
11900 SW 73 AVE

Suite, Apt. #, etc.

City & State
PINECREST, FL

Zip Country
33156 USA

3. Mailing Office Address
PO BOX 565853

Suite, Apt. #, etc.

City & State
PINECREST, FL

Zip Country
33256 USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida **JUNE 4, 1973**

5. FEI Number
59-1595663

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 **MAGGIE HAYS**

Street Address (P.O. Box Number is Not Acceptable)
11900 SW 73 AVE

Suite, Apt. #, Etc.
PINECREST, FL

City

100004314841-9
-05/24/01 -01036-021
******245.00 ****245.00**

State Zip Code
FL 33156

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

REGISTERED AGENT MUST SIGN

Date **5/1/01**

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	MARIA S. CAVEDA	34 ALMERIA AVE UNIT 10	CORAL GABLES, FL 33134
VP/T	ARAMIS O'REILLY	30 ALMERIA AVE UNIT 7	CORAL GABLES, FL 33134
D	RENE REVUELTA	30 ALMERIA AVE. 8	CORAL GABLES, FL 33134
S	ADA CASTELLANOS	724 PALERMO AVE	CORAL GABLES, FL 33134
D	MICHAEL ALBERTI	1807 NE 18TH ST.	FT. LAUDERDALE, FL 33305-
AS/AT	MARGARITA R. HAYS	11900 SW 73 AVE	PINECREST, FL 33156 3401

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Asst. Secy, Treas.**

Date **5/1/01** Daytime Phone # **305-233-2424**

CRZE081 (9/00)