


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		FLORIDA DEPARTMENT OF REVENUE Sandra B. Morthland Secretary of State DIVISION OF CORPORATIONS	FILED JAN 27 11 15 AM STATE FLORIDA 900002764699--2 -02/04/99--01053--014 *****61.25 *****61.25
APPLICATION FOR REINSTATEMENT			
DOCUMENT # <b>727018</b>		1. Corporation Name <b>W.G.C. CONDOMINIUM ASSOCIATION, INC.</b> <b>W49 00000 BSI</b>	
Principal Place of Business <b>C/O TPS MANAGEMENT                  P. O. BOX 661554                  MIAMI SPRINGS, FL                  33266</b>		Mailing Address SAME	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 1/11/99	
		5. FEI Number <b>65-0244031</b>	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	MANUEL I. GONZALEZ	575 W 49 STREET	HIALEAH, FL 33012
D/V	GUILLERMO J. GONZALEZ	575 W 49 STREET	HIALEAH, FL 33012
D/T	MANUEL L. GONZALEZ	575 W 49 STREET	HIALEAH, FL 33012
D/S	LAZARO M. ALFONSO	5805 W 15 COURT	HIALEAH, FL 33012
D	RAFAEL P. CONTRERAS	1350 W 53 STREET #20	HIALEAH, FL 33012
8. Name and Address of Current Registered Agent <b>SKRLD, Inc.                  201 ALHAMBRA CIRCLE STE #1102                  CORAL GABLES, FL 33134</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>300002764699--2</b> Suite, Apt. #, Etc -02/04/99--01053--015 City *****481.25 FL	
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: <b>SKRLD, Inc. by Lisa A. Lerner</b> <i>Lerner</i> , sec.		Date <b>1/11/99</b>	
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: <i>Guillermo J. Gonzalez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>GUILLERMO J. GONZALEZ</b>		Date <b>12/2/98</b> Daytime Phone # <b>305-593-2295</b>	

CR2E04/7/98