

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 JAN 22 AM 9:48

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **728754**

1. Corporation Name **GREENGLADE VILLAS HOMEOWNER'S ASS. INC.**
1999000000045

Principal Place of Business Mailing Address
EUGENIO ESCOBAR **EUGENIO ESCOBAR**
13116 S.W. 20 TERR. **13116 SW 20 TER**
MIAMI FLA. 33175 **MIAMI FLA.**
33175

300002756583--4
-01/27/99--01072--008
******367.30 ****367.30**

REINSTATEMENT 97-99

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
FLD: 01/30/74

5. FEI Number **59-1539278** 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	EUGENIO ESCOBAR	13116 S.W. 20 TER.	MIAMI FLA. 33175
V.P.	CESAR PEREDA	12950 S.W. 20 TERR.	MIAMI FLA. 33175
D	JUSTINA CASTILLO	13005 S.W. 18 TERR	MIAMI FLA. 33175
D	LUIS PRIETO	1916 SW 131 CT	MIAMI FLA. 33175
V	ARMANDO TORRES	13100 S.W. 20 TER.	MIAMI FLA. 33175

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EUGENIO ESCOBAR
13116 SW 20 TERR
MIAMI FLA. 33175

Name **[Signature]**
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
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 **Eugenio Escobar**
 REGISTERED AGENT MUST SIGN

Date **01/05/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(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: **Eugenio Escobar**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EUGENIO ESCOBAR

Date **01/05/99** (305) 553-6478
 Daytime Phone #

CR2E04C (1/98)