

10PZ

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 SEP 21 PM 4: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729034

1. Corporation Name
Royal Poinciana Condominium Inc.

2. Principal Office Address

7600 W 20 Ave

Suite, Apt. #, etc.

217

City & State

Hialeah FL

Zip

33016

Country

Dade

3. Mailing Office Address

7600 W 20 Ave

Suite, Apt. #, etc.

217

City & State

Hialeah, FL

Zip

33016

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

3-5-1974

5. FEI Number

59-1577347

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

Terra Association Management

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

7600 W 20 Ave

Suite, Apt. #, Etc

Suite 217

City

Hialeah

State

FL

Zip Code

33016

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

Lissa Laugh

Date 9/13/06

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
PD	OSCAR Giraldo	309 South Royal Poinciana	Miami Springs FL 33166
VPD	LUIS R Grande	309 S. Royal Poinciana	Miami Springs FL 33166
SD	AYNAT CRISTINE	309 S Royal Poinciana	Miami Springs FL 33166

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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 contained in Chapter 119, 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:

Oscar Giraldo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/06

Date

305 826-4606

Daytime Phone #

Zofz

**Terra Association
Management Service, Inc.**

Years of Experience and Professionalism.

September 13, 2006

To whom it may concern:

We are requesting that you waive the reinstatement fee of \$ 175.00. As so can see the notices went to the old Managment Company. And he never forward it to the President of the Association. Please we would appreciate your help in this matter.

Thank You


Oscar Giraldo