

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 29 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734006

1. Corporation Name

BILTMORE CLUB VILLAS TOWNHOUSES CONDOMINIUM
ASSOCIATION, INC.

2. Principal Office Address

2411 NW 11th Street

3. Mailing Office Address

4114 NW 4th Terrace

Suite, Apt. #, etc.

Apt. 14

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33125

Country

USA

Zip

33126

Country

USA

REINSTATEMENT

9801

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

5. FEI Number

59-1682982

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

Ralph Mederos

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

4114 NW 4th Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

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 1/12/01

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/D	Marta Paz	2411 NW 11th Street, Apt 14	Miami, FL 33125
T/D	Vivian Mendez	2401 NW 11th Street, Apt 2	Miami, FL 33125
VP/D	Pamela Plumer	2405 NW 11th Street, Apt 8	Miami, FL 33125
S/D	Tony Campos	2415 NW 11th Street, Apt 22	Miami, FL 33125
S/D	Carlos Guichal	2405 NW 11th Street, Apt 7	Miami, FL 33125
D/ D	Osvaldo Fernandez Jorge Martinez	2421 NW 11th Street, Apt 20 2419 NW 11th Street, Apt 30	Miami, FL 33125 Miami, FL 33125

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:

Marta Paz-President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01

Date

Daytime Phone #