## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## FILED FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State 08 FEB - 7 AM 9: 06 REINSTATEMENT DIVISION OF CORPORATIONS LICHETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # 742007** REINSTATEMENT 83 - 08 KS 1. Corporation Name BONI-VISTA CONDOMINIUM ASSOCIATION, INC 400117496744 02/07/08--01014--023 \*\*1767.50 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 7125 BONITA DRIVE CR2E081 (12/07) Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida 03/15/1978 City & State City & State 5. FEI Number Applied For MIAMI BEACH, FLORIDA Not Applicable 591981240 Zip Country Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 33141 DADE for a Certificate of Status 7. Name and Address of Current Registered Agent The reinstatement fee is imposed, except in DULCE MARIA CASTRO - BETSES circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you 7125 BONITA DRIVE are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. State Zip Code 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 Names and Street Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must list at least 3 directors) Titles City / State / Zip Officers and/or Directors Officer and/or Director MIAMI BEACH, FL-33141 DULCE MARIA CASTRO-BETSE\$7125 BONITA DRIVE AD, MIAMI BEACH, FL 33141 DAVID PASTRANA 7125 BONITA DRIVE MIAMI BEACH, FL"33141 HIRAM RODRIGUEZ 7125 BONITA DRIVE S MIAMI BEACH, FL 33141 VP MORGAN DELGADO 7125 BONITA DRIVE MIAMI BEACH, FL 33141 YOLANDA BATTLE 7125 BONITA DRIVE 7125 BONITA DRIVE MIAMI BEACH, FL 33141 V MANUEL ARIES 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 filling 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: