

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN -2 AM 9:50

DOCUMENT # 743703

1. Corporation Name

Sparrow Woods Townhouse
Condominium Association, Inc.

REINSTATEMENT

03-06

2. Principal Office Address

2356 W. 53 Terr.

Suite, Apt. #, etc.

#9

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hialeah, Fl.

Zip

33016

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

MIRIAM SUAREZ

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

2356 W 53 Terrace

Suite, Apt. #, Etc.

#9

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

Maria Cecilia Huerta MARIA CECILIA HUERTA

Date 12-29-06

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 |
|--------|--------------------------------------|---|--------------------|
| P | MIRIAM SUAREZ | 2356 W 53 Terr | HIALEAH, FL, 33016 |
| S | LUIS F. ROYAS | 5360 W 23 Lane | HIALEAH, FL, 33016 |
| T | MARIA CECILIA HUERTA | 5362 W 23 Lane | HIALEAH, FL, 33016 |
| | | | |
| | | | |
| | | | |

01/02/07--01049--006 **420.00

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:

Miriam Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-06

Date

Daytime Phone #

305-338-1061