## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOC	UMEI	NT #
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747827

1. Corporation Name

## LAS PALMAS CONDOMINIUM NO. 9/5 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1507 S.W. 104 PLACE MIAMI FL 33174-2647

2925 SW 105TH AVE MIAMI FL 33165

FILED

03 JUL 23 AM 10: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT 01-07



06/16/03--01081--001

If above a	addresses are	incorrect in any way, line th	rough incorrect i	information a	nd enter correction below.			
		3. New Mail	ling Office Ad	ldress, If Applicable	4. Date Incor To Do Bus	porated or Qualified iness in Florida	1070	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number Applied For				
City & State	е		City & State	″ = <b>`</b>			65-0306847	Not Applicable
Zip		Country	Zip		Country	6. CERTIFICAT	TE OF STATUS DESIRED - \$8.75 Ac	Iditional Fee require ertificate of Status
7Names	and Street Ad	dresses of Each Officer and	/or Director (Flo	orida nonprof	it corporations must list at le	ast 3 directors)		
Title(s)	Name of Officers			Street Address of Each Officer and/or Director			City / State / Zip	
PTD				1507 S.W.	. 104 PLACE	104 PLACE MIAMI FL		
SD	GONZALEZ, CARLOS M.			1509 S.W. 104 PLACE			MIAMI FL	
D GONZALEZ, MARIA ELISA			1509 SW 104 PLACE		MIAMI FL 33174			
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,`.			, , ,			1 Di 06/16/6	0020897111 801081001 **28	18.25
		,				10	0020897111 79301008002 **8:	3.50
	8. Nam	e and Address of Current	Registered Age	ent		9. Name and Address of New Registered Agent		
		•			Name			
MORIN, MANUEL M.				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33174-2647			Suite, Apt. #, Etc	Suite, Apt. #, Etc.				
					City		State Zip	Code
8. Name and Address of Current Registered Agent  MORIN, MANUEL M.  1507. S.W. 104 PLACE			Street Address (I	1 () ()7/22/ 9. Name and P.O. Box Number		<b>3.</b> 50		

11. 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.

REGISTERED AGENT MUST SIGN

SIGNATURE:

Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR