PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT.



FLORIDA DEPARTMENT QF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

751556

1. Corporation Name

SEGOVIA GARDENS CONDOMINIUM, INC.



03 APR 23 MM 4: 24

SECRETARY OF STATE TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address							REIN	STATEM	ENI O	2-03
1800 NW 19 STREET 1800 N			1800 NORTHA MIAMI FL 331	NORTHWEST 19 St., UNIT 6			04/715/03-01/015			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							04/15	/03010150	108 **297.	50
New Principal Office Address, If Applicable New Mailing				ing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 03/14/1980			
Suite, Apt. #, etc. Suite, Apt. #				, etc.			5. FEI Number 59-2224146 Applied For Not Applicable			
City & State City & St				е						
Zip	Zip Country		Zip	Zip		Country		TE OF STATUS DESIRED Tor a Certificate of Statu		
7. Names a	and Street Add	dresses of Each Offic	er and/or Director (Flor	ida nonprofi	it corporati	ions must list at lea	st 3 directors)		` `	
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
PD	RODRIGUEZ, COLUMBO			1800 NW 19 STREET, UNIT 7			MIAMI FL 33125			
VD	DIAZ, HUMBERTO				1800 NW 19 STREET, UNIT 10			MIAMI FL 33125		
ΤD	EXPOSITO, GLADYS				1800 NW 19 #6			MIAMI FL 33125		
S	WHEELER, FREDERIC W				UNIT 103, 3460 32ND AVE. NORTH			ST. PETERSBURG FL 33713		
S	JENSON, AIMER			1800 NW 19 #6			MIAMI FL 33125			
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent Name				
JEUSON, AIMER 1800 NW 19 STREET, #6						Street Address (P.O. Box Number is Not Acceptable)				
MIAMI-FL-33125						Suite, Apt. #, Etc.				
- et-	- 2ª · •	سه ۱۰۰ ت			-	City			State Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

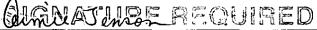
Signature of Registered Agent



Date 04-08-03

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

SIGNATURE:



on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

04-08-0: