

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
07 DEC 19 AM 11:39

DOCUMENT # 755238

1. Corporation Name

View West CONDOMINIUM:

2. Principal Office Address - No P.O. Box # 11980 SW 144 CT		3. Mailing Office Address 11980 SW 144 CT	
Suite, Apt. #, etc. 211		Suite, Apt. #, etc. 211	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33180	Country	Zip 33186	Country

REINSTATEMENT 07

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	

7. Name and Address of Current Registered Agent

Name Joyce Goodman-Guenther P.A.		
Street Address (P.O. Box Number is Not Acceptable) 10723 SW 104 Street		
Suite, Apt. #, Etc.		
City Miami	State FL	Zip Code 33156

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 10/29/07

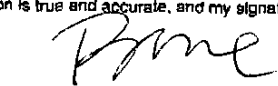
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BARBARA CORREA	11980 SW 144 CT# 211	MIAMI, FL 33186
T	DORATHA BEE	11980 SW 144 CT 211	MIAMI, FL 33186
D	ENRIQUE WINTERS	11980 SW 144 CT 211	MIAMI, FL 33186

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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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/20/07

Daytime Phone #