PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 DEC 19 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755238

1. Corporation Name

View West CONDOMINIUM

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11980 SW 144 CT	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): 10703 SW 104 Street

Suite, Apt. #, Etc.

City: Miami State: FL Zip Code: 33176

☑ 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: Joyce M Guenther
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)

Titles	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	DOREATHEA BAEZ	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: Barbara Correa 11/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #