

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 MAY 31 AM 11:35

DOCUMENT # 757278

1. Corporation Name

Casa Bella Villas Townhomes Association, Inc.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Office Address

14951 NE 6 AVE

3. Mailing Office Address

PO Box 1675

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT 98-00

City & State

Miami, FL

City & State

North Miami, FL

4. Date Incorporated or Qualified
 To Do Business in Florida

7/13/1981

5. FEI Number

59-2202941

Applied For
 Not Applied

Zip

33161

Country

USA

Zip

33261

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee requ
 for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert A. Koppen

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

700 NE 90 Street

Suite, Apt. #, Etc.

City

Miami FL

State
 FL

Zip Code

33138-0206

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

Robert A. Koppen

REGISTERED AGENT MUST SIGN

Date

5/26/2000

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
STD	Gunter Leibkuchter	6601 SW 79 CT	Miami, FL 33143
D	Robert A. Koppen	700 NE 90 ST	Miami, FL 33138
PD	Alan Buccchino	8265 W. 18 AVE	Hialeah, FL 33014

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 ****358.75 ****358.75

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 taxes 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)(l), 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

Alan Buccchino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/26/00 3059454343