PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED
		2007 OCT 26 AM 8: 42
DOCUMENT # 7584 1. Corporation Name	156	SECRETARY OF STATE TALLAHASSEE.FLORIDA
PARK SIDE MANOR "D" CONDOMINIUM		
ASSOCIATION, INC.		
2. Principal Office Address - No P.O. Box # 280 SW 11th AVE.	3. Mailing Office Address 1985 SOUTH DCEAN DRING	CR2E081 (1/07)
Suite, Apt. #, etc.	Suite, Apt. #, etc. #16 B	4. Date incorporated or Qualified
City & State	City & State	To Do Business in Florida 5/21/198 5. FEI Number Applied For
HALLANDALE BEACH, FL	Zip Country	59-2146672 Not Applicable
33009 USA	33009 Country USA	\$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name		
MICHAEL J. QUAREQUIO, ES &.		The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable) 900 S.E. 3 Avenue		the prior notices. By checking this box, you are certifying the prior notices were not
Suite, Apt. #, Etc. #: 2 > 2		received and requesting the reinstatement
FORT LAUB SPUBLIC State Zip Code FL 333/1		fee be waived.
8. I, being appointed the registered agent of the abo	we named corporation, am familiar with and accept the ob	oligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent Date /0// OT		
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	
P MICHAEL MILL	LER 1130 N. 74th	Terrice Hollywood, FL 33024
VP RALPH RIVAS 280 SWITT AVE,		,#6 Hillandak, Beach, FL 33009.
S/T MARIA DENT	FE 1985 5: Ocean Dr	ive,#16B Hullendalo Beach, Fc 33009
1) GIOVANNI NUNEZ 280 SW 114 AVE, #		18 Hallardale Beach, FL 33009
D MARTH RODRIGO	EZ 280 SW 11- Ave,.	# 16 Hallandale Beat FL 33009
REINS	STATEMENT 06-07	700111391547 10/26/0701036001 ++122,50
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 accordate, and my signature shall have the same legal effect as if made under oath.		
SIGNATURE: MICHAEL MILLER PASS. 10/22/07 954 537 5275 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Despring Phone #		