PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
~~REINSTATEMENT~~
Amended 2007 AR

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 JUN 19 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762365

1. Corporation Name

HIALEAH CLUB CONDO. ASSC. INC.

2. Principal Office Address	3. Mailing Office Address
4445 W 16 Avenue	4445 W 16 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE # 308	Suite # 308
City & State	City & State
HIALEAH, FL	HIALEAH, FL
Zip / Country	Zip / Country
33012 / DADE	33012 / DADE

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-2375371 ☐ 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: SUARE CARIDAD

Street Address (P.O. Box Number is Not Acceptable): 1775 W 41 St

Suite, Apt. #, Etc.: 1-A

City: HIALEAH | State: FL | Zip Code: 33012

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: Caridad Suarez — Date: 6-14-07
REGISTERED AGENT MUST SIGN

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
PD	SUAREZ, CARIDAD	1775 W 41 ST 1-A	HIALEAH, FL. 33012
SD	MARTINEZ RODOLFO	1765 W 41 St # 2-E	HIALEAH. FL 33012
TD	MARRERO, CAMILO	1775 W 41 St # 1-D	HIALEAH, FL. 33012

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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 under section 119.07(3)(i), 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: Caridad Suarez — 6.14.07 — 305-823-1201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #