

APPLICATION FOR REINSTATEMENT FOR 84-1999

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED  
99 MAR 23 PM 2:05

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # 703039  
UNIVERSITY VILLAS CONDOMINIUM ASSOCIATION NO. 3, INC.  
2431 SW 99th Place  
Miami, FL 33165

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address  
Address  
Zip Code

REINSTATEMENT

3. Date Incorporated or Qualified To Do Business in Florida: 1982

4. FEI Number: Not Applicable

FEI Number Applied For  
 FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/D	ROGELIO J. ZALDIVAR	2431 SW 99th Place	Miami, FL 33165
S/D	SILVIA I. ZALDIVAR	2431 SW 99th Place	Miami, FL 33165
D	CARLOS VALDES	2433 SW 99th Place	Miami, FL 33165
D	ESTELA VALDES	2433 SW 99th Place	Miami, FL 33165

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-04/02/99--01086-022  
\*\*\*1155.00 \*\*\*1155.00

This corporation has liability for intangible tax under section 199.032, Florida Statutes.  Yes  No  
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent  
GLORIA SOLANO  
10361 SW 12th Street  
Miami, FL 33174

7. Name and Address of New Registered Agent  
Name: MARIA PEREZ  
Street Address (Do NOT Use P.O. Box Number): 2431 SW 99th Place  
Street Address (Do NOT Use P.O. Box Number):  
City and State: Miami FL. Zip Code: 33165

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505, F.S.

Signature of Registered Agent: *Maria Perez* Date: 3/19/99

REGISTERED AGENT MUST SIGN

9. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: *Rogelio J. Zaldivar* Date: 3/19/99 Phone #: 305-261-4683

Typed or printed name of signing officer or director: Rogelio J. Zaldivar

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status.