

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 MAY 19 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-03

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769140

1. Corporation Name
GALLOWAY 93 CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address <u>9300 SW 87 AVE</u>		3. Mailing Office Address <u>9300 SW 87 AVE</u>	
Suite, Apt. #, etc. <u>SUITE 4</u>		Suite, Apt. #, etc. <u>SUITE 4</u>	
City & State <u>MIAMI, FL</u>		City & State <u>MIAMI, FL</u>	
Zip <u>33176</u>	Country <u>USA</u>	Zip <u>33176</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida 06/28/1983

5. FEI Number 59-2261182 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 SERGIO A. RIVERA 500019325865

Street Address (P.O. Box Number is Not Acceptable) 9300 SW 87 AVE 05/19/03--01084--025 420.00

Suite, Apt. #, Etc. SUITE 4

City MIAMI State FL Zip Code 33176

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 [Signature] Date 4-25-03

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
	<u>BEATRIZ AMENDOLA, President</u>	<u>9300 SW 87 AVE SUITE 3</u>	<u>MIAMI, FL 33176</u>
	<u>LOIDA GARCIA Secretary</u>	<u>9300 SW 87 AVE SUITE 5</u>	<u>MIAMI, FL 33176</u>
	<u>SERGIO A. RIVERA Treasurer</u>	<u>9300 SW 87 AVE SUITE 4</u>	<u>MIAMI, FL 33176</u>

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: [Signature] BEATRIZ AMENDOLA, President 4/25/03 365-598-6222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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