PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 APR 20 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L24727

1. Corporation Name
Barcelona Villa Association, Inc.

Principal Place of Business / Mailing Address
1313 Ponce de Leon
Suite 301
Coral Gables, FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 15-98

2. New Principal Office Address, If Applicable
5021 SW 151st Place
Suite, Apt. #, etc.
City & State: Miami, FL
Zip: 33185 Country

3. New Mailing Address, If Applicable
5021 SW 151st A.
Suite, Apt. #, etc.
City & State: Miami, FL
Zip: 33185 Country

4. Date Incorporated or Qualified To Do Business in Florida
10/24/89

5. FEI Number
65-0183321
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD	Hector Brito	5021 SW 151st	Miami, FL 33185

4/21/98

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-04/23/98--01123--017
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent
Jorge Sanchez-Galarraga, Esq.
1313 Ponce de Leon Blvd.
Suite 301
Coral Gables, FL 33134

9. Name and Address of New Registered Agent
Name: Lilliana Real, Esq.
Street Address (P.O. Box Number is Not Acceptable): 710 S. Dixie Highway
Suite, Apt. #, Etc.: c/o Aron Correa & Guarch, P.A.
City: Coral Gables State: FL Zip Code: 33146

CR2E040 (12/95)

10. 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 _____ REGISTERED AGENT MUST SIGN Date 4/15/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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.