

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED


02 MAR 29 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 2001-2002

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000002397

1. Corporation Name
Vista Alegre Townhouses Villas Stage V
Condominium Association, Inc.

2. Principal Office Address
13250 SW 135 Avenue

3. Mailing Office Address
13250 SW 135 Avenue

Suite, Apt. #, etc.

City & State
Miami FL 33186

Zip Country
33186 US

4. Date Incorporated or Qualified To Do Business in Florida 4-11-2000

5. FEI Number 65-0952056 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 SKRLD, Inc.

Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle

Suite, Apt. #, Etc. Suite 1102

City Coral Gables

State Zip Code
FL 33134

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*****70.00 *****70.00

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 SKRLD, INC. BY LISA LERNER, *Lisa Lerner* SECRETARY Date 1-25-02
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
Pres.	Luis Negron	13310 SW 152 St # 3102	Miami, FL 33177
Treas.	Isaac Melamed	13358 SW 152 St # 2902	Miami FL 33177
Sec./D	Jeannette Cruz	13326 SW 152 St # 3304	Miami FL 33177
Dir.	Ruby Rivero	13358 SW 152 St # 2908	Miami FL 33177
Dir.	Juan Sarria	13318 SW 152 St # 3207	Miami FL 33177

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)(l), 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: *Luis E. Negron* Luis E. Negron 10-29-01 (305) 526-7984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/00)