

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 13 AM 11:49

DOCUMENT # N00000004994

1. Corporation Name

Villa Encantada Condominium  
Association, Inc.

2. Principal Office Address

SW

3. Mailing Office Address

137 Ave 8 157 St

11936 SW 8 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33177

Usa

33184

Usa

4. Date Incorporated or Qualified  
To Do Business in Florida

9/21/01

5. FEI Number

65-1042964

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

Jesus R. Gonzalez

200005170112-4

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

11936 SW 8 Street

-03/26/02--01069--012

\*\*\*\*297.50 \*\*\*\*297.50

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33184

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 1/9/02

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Mercedes Gamba	15731 SW 137 Ave #102	Miami, FL 33177
Tres.	Odinson O. Viera	15741 SW 137 Ave #201	✓ ✓
Sec.	Jose V. Valera	15731 SW 137 Ave #103	✓ ✓
Dir.	Jose B. Rodriguez	15721 SW 137 Ave #106	✓ ✓
Dir.	Anthony R. Trizerry	15731 SW 137 Ave #204	✓ ✓

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)(f), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02 (305) 233-1069

Date

Daytime Phone #

REINSTATEMENT 01-02