

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 NOV 24 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 7000000505167

1. Corporation Name  
Las Brisas at Doral Condominium  
#2 Association, Inc.  
~~40400027623~~

REINSTATEMENT 01-04

09/19/01 90160 02.6125  
05/25/01 90289 020 6/25

2. Principal Office Address  
6925 NW 42 ST.

3. Mailing Office Address

Suits, Apt. #, etc.

City & State  
MIAMI, FL

Zip  
33146 Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
65-1047357 Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name  
Steven Fein Esq.

Street Address (P.O. Box Number is Not Acceptable)  
400 South State Road 7

Suits, Apt. #, Etc.

City  
Plantation State FL Zip Code 33317

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  
Steven A. Fein Date 8/21/04

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
PO	<u>Lu Ann Belzaguy</u>	<u>5743 NW 114 Pk. #101</u>	<u>MIAMI, FL</u>
VPO	<u>Veronica Serrano</u>	<u>5737 NW 114 Pk. #104</u>	<u>MIAMI, FL</u>
STD	<u>Tiffany Nickic</u>	<u>5743 NW 114 Pk. #110</u>	<u>MIAMI, FL</u>

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STATEMENT OF 01-04

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: Kalynn Belzaguy Date 3052620120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR