

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 30 PM 1:47

DOCUMENT # **NO1000000351**

1. Corporation Name
**EL PUEBLO DE VERA
CONDOMINIUM ASSOCIATION INC.**

2. Principal Office Address
2500 W. 78 STREET

Suite, Apt. #, etc.

BAY # 4

City & State
HIALEAH

Zip
33016

Country
U.S.A.

3. Mailing Office Address
P.O. Box 160718

Suite, Apt. #, etc.

City & State
HIALEAH

Zip
33016

Country
U.S.A.

000028321030
02/06/04--01024--008 **61.25

4. Date Incorporated or Qualified
To Do Business in Florida **01/17/2001**

5. FEI Number
65-1079864

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
FLORIDA'S PROPERTY MANAGEMENT GROUP, CORP.

Street Address (P.O. Box Number is Not Acceptable)
2500 W. 78 STREET

Suite, Apt. #, Etc.
BAY # 4

City
HIALEAH

State
FL

Zip Code
33016

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

REGISTERED AGENT MUST SIGN

Date **1-23-04**

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
P-D	MAIKEL FERNANDEZ	2500 W. 78 ST. # 4	HIALEAH, FL, 33016
VP-D	RAUL ARRASTIA	" " "	" " "
T-D	JOSE IBARRA	" " "	" " "
S-D	RICARDO MESERENE	" " "	" " "
D	ELIGIO FUENTES	" " "	" " "
D	IRELA GONZALEZ	" " "	" " "
D	RAQUEL SEGUI	" " "	" " "

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/04
Date

305-389-7524
Daytime Phone #