

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -4 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800020540568
06/05/03--01016--027 **\$1.25

DOCUMENT # 201 00000351

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

2. Principal Office Address
2500 W. 78 St.

3. Mailing Office Address
P.O. Box 160718.

Suite, Apt. #, etc.
Bay # 4.

Suite, Apt. #, etc.

City & State
Hialeah, Fl

City & State
Hialeah, Fl

Zip 33016. Country U.S.A

Zip 33016 Country U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-1079864

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
Florida's Property Management Group, Corp.

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

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 Yaquelin Lamelas (Property Manager) Date 5-19-03
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
PD	Marilyn Gonzalez	5765 W. 25 Ct. #404	Hialeah, Fl 33016.
TD	Maribel Valdez	5765 W. 25 Ct. # 112	Hialeah, Fl 33016.
SD	Beatriz Ruiz	5701 W. 25 Ct. # 401	Hialeah, Fl 33016.

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: Marilyn Gonzalez (President) Date 5/29/03 Daytime Phone # (305) 827-1099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/9

CR2E061 (10/02)