

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 01 00000 2243

1. Corporation Name
WESTON PROFESSIONAL PLAZA MAINTENANCE
ASSOCIATION, INC

100064015811
01/19/06--01008--002 **61.25

CR2E081 (12/05)

2. Principal Office Address 1820 N Corporate Lakes Blvd		3. Mailing Office Address 1820 N Corporate Lakes Blvd	
Suite, Apt. #, etc. 206		Suite, Apt. #, etc. 206	
City & State WESTON, FL		City & State WESTON, FL	
Zip 33326	Country USA	Zip 33326	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 03/30/2001	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number 65-0873971		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name LORENZO, JOSE E	
Street Address (P.O. Box Number is Not Acceptable) 1820 N CORPORATE LAKES BLVD.	
Suite, Apt. #, Etc. 206	
City WESTON	State FL
	Zip Code 33326

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 X [Signature] Date 01/06/2006

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
P	BRICEÑO, PEDRO	1820 N Corporate Lakes Blvd Suite # 205	WESTON, FL 33326
✓	SIFONTE, Luis	1820 N Corporate Lakes Blvd Suite # 206	WESTON, FL 33326
T	LORENZO, JOSE E	1820 N Corporate Lakes Blvd Suite # 206	WESTON, FL 33326

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 contained in Chapter 119, 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: X [Signature] Date 01/06/2006 9542178616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #