

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED


08 JUN -5 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06-08 SJ



REINSTATEMENT 07-08

| | | | | | |
|--|--|--|---|--|---|
| DOCUMENT # N01000005293 | | | |  | |
| 1. Entity Name SUN VILLAS TOWN HOMES CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 7750 WEST 26TH AVE SUITE 4 HIALEAH, FL 33016 | | Mailing Address P.O. BOX 160718 HIALEAH, FL 33016 | | | |
| 2. Principal Place of Business - No P.O. Box # 5979 NW 151 ST. Suite, Apt. #, etc. Suite 101 | | 3. Mailing Address P.O. Box 160718 Suite, Apt. #, etc. | | | |
| City & State MIAMI LAKES, FL | | City & State HIALEAH, FL | | 4. FEI Number 65-1129461 | |
| Zip 33014 | | Country U.S.A. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FLORIDA'S PROPERTY MGMT GROUP 7750 WEST 26TH AVE SUITE 4 HIALEAH, FL 33016 | | | 7. Name and Address of New Registered Agent Name: Florida's Property Mgmt Street Address (P.O. Box Number is Not Acceptable): 5979 NW 151 ST. Suite 101 City: MIAMI LAKES, FL Zip Code: 33014 | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE: <i>Jose Colon</i> | | SIGNATURE: <i>Jose Colon</i> | | DATE: 5/29/08 | |
| FILE NOW!!! FEE IS \$122.50 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MARTINEZ, GABRIEL 7750 WEST 26TH AVE HIALEAH, FL 33016 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500131091655 06/10/08--01008--004 **122.50 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MORALES, BERTY 7750 WEST 26TH AVE HIALEAH, FL 33016 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S NORIEGA, ANTONIO 7750 WEST 26TH AVE HIALEAH, FL 33016 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BATISTA, RAFAEL 7750 W 26 AVE, STE 4 HIALEAH, FL 33016 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOPEZ, ROBERTO 7750 W 26 AVE, STE 4 HIALEAH, FL 33016 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GONZALEZ, LAZARO 7750 W 26 AVE, STE 4 HIALEAH, FL 33016 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>[Signature]</i> | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |