

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AMEND

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 23 AM 10:03

DOCUMENT # **N0200000 1521**

1. Corporation Name

VILLAS ANDALUCIA CONDOMINIUM  
ASSOCIATION INC.

2. Principal Office Address

2500 W. 78 Street

Suite, Apt. #, etc.

Bay # 4

City & State

Hialeah, FL 33016

Zip

33016

Country

U.S.A.

3. Mailing Office Address

P.O. BOX. 160718

Suite, Apt. #, etc.

City & State

Hialeah, FL 33016

Zip

33016

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

46-0473589

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

100025339811  
12/08/03-01019-000-\*\*\*61.24

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

12-2-04

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	ROXANA DOMINGUEZ	2500 w 78 St # 4	Hialeah, FL, 33016
PD	ALEJANDRO DE LA TORRE	2500 W 78 St # 4	Hialeah, FL, 33016
PD	GILBERTO MOREIRA	2500 W 78 St # 4	Hialeah, FL, 33016
D	JOAQUIN CAMEJO	2500 W 78 St # 4	Hialeah, FL, 33016
	KARISA LAO	2500 W 78 St # 4	Hialeah, FL, 33016

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 his 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/03

Daytime Phone #