
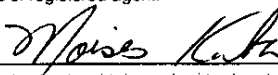
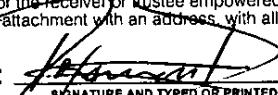


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N02000001521</b> 1. Entity Name VILLAS ANDALUCIA, CONDOMINIUM ASSOCIATION, INC.			<b>FILED</b> 08 FEB 26 PM 2:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 2500 W. 78 STREET BAY #4 HIALEAH, FL 33016		Mailing Address PO BOX 160718 HIALEAH, FL 33016	
2. Principal Place of Business - No P.O. Box # <b>5979 NW 151 ST.</b>		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc. <b>Suite 101</b>		Suite, Apt. #, etc.	
City & State <b>MIAMI LAKES, FL</b>		City & State	
Zip <b>33014</b>		Zip	
Country		Country	
6. Name and Address of Current Registered Agent FLORIDA'S PORPERTY MANAGEMENT GROUP, CORP. 2500 W. 78 STREET BAY #4 HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name <b>Kaba &amp; Associates, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1840 W. 49 ST</b> <b>Suite 235</b> City <b>HIALEAH</b> <b>FL</b> Zip Code <b>33012</b>	
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 		<b>MOISES KABA</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE <b>2/19/08</b>		DATE	
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>Make check payable to Florida Department of State</b>		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOMINGUEZ, ROXANA 2500 W. 78 ST. #4 HIALEAH, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900118850289 02/26/08--01029--001 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOREIRA, NOEL 230 W 58 ST HIALEAH, FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hernandez Daniel 2500 W-78 ST. #4 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, MARIO A 7750 W 26 ST #4 HIALEAH, FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINEZ, DAVID 2500 W. 78 ST. #4 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMEJO, JOAQUIN 2500 W 78 ST. #4 HIALEAH, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Fiero, Julio 2500 W. 78 ST. #4 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clavero, Lourdes 2500 W. 78 ST. #4 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
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: 		<b>ROXANA DOMINGUEZ</b>	
Signature and typed or printed name of signing officer or director		Date <b>2/20/08</b>	