

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -5 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ND2000000504D
1. Corporation Name

CAPRI XII CONDOMINIUM ASSOCIATION, INC.

600030467986
03/15/04--01033--028 **150.00

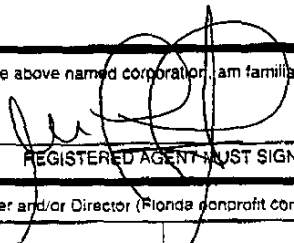
2. Principal Office Address 9737 NW 41 Street Suite, Apt. #, etc. #18 City & State Miami, Florida Zip 33178		3. Mailing Office Address Suite, Apt. #, etc. City & State Country U.S.A.	
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4. Date Incorporated or Qualified To Do Business in Florida	Applied For <input checked="" type="checkbox"/> Not Applicable
5. FEI Number	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee. Inquire for a Certificate of Interest

7. Name and Address of Current Registered Agent

Name: Mario Laricchia
Street Address (P.O. Box Number is Not Acceptable): 9737 NW 41 Street
Suite, Apt. #, Etc.: #18
City: Miami
State: FL Zip Code: 33178

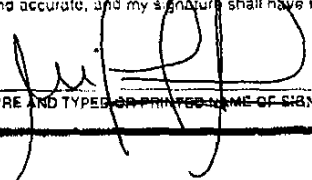
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent:  Date: 3/4/04
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
Pres.	Mario Laricchia	9737 NW 41 Street, #18	Miami, Florida 33178
V.P.	Roco Laricchia	9737 NW 41 Street, #18	Miami, Florida 33178
Sect.	Mario Laricchia	9737 NW 41 Street, #18	Miami, Florida 33178
Tres.	Alejandro Laricchia	9737 NW 41 Street, #18	Miami, Florida 33178

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)(b), 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:  Date: 3/4/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 11, 2004

Secretary of State

Re: Capri XII Condominium Association, Inc.

Gentlemen:

I am the president of Capri XII Condominium Association, Inc.

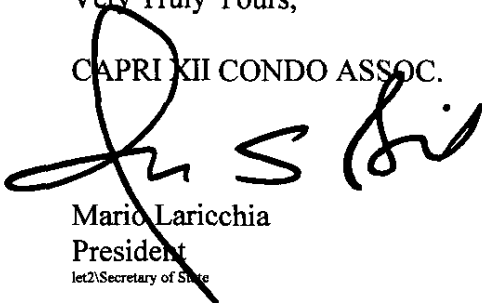
I did not receive any notification regarding the filing of the 2003 Annual Report for this corporation.

The correct mailing address for the corporation is now 9737 NW 41 Street, #118, Miami, Florida 33178.

This address has been changed from the address previously listed in your records and therefore, we did not receive this notice and we request that you waive the penalty.

Very Truly Yours,

CAPRI XII CONDO ASSOC.

A handwritten signature in black ink, appearing to read 'Mario Laricchia', is written over the typed name and title. The signature is stylized and cursive.

Mario Laricchia
President

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