PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY -2 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03182

1. Corporation Name
Westland Village Condo. III Assoc. inc

REINSTATEMENT 03-05

2. Principal Office Address	3. Mailing Office Address
LM. Quality Mgmt	P.O. Box 440915
Suite, Apt. #, etc.: P.O. BOX 440915	Suite, Apt. #, etc.:
City & State: Miami FL	City & State: Miami FL
Zip: 33144 Country: Dade	Zip: 33144 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-2762704 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Luzmary Nuñez

500054214875
05/10/05--01060--006 **367.75

Street Address (P.O. Box Number is Not Acceptable): 402 Minorca Ave.

Suite, Apt. #, Etc.:

City: Coral Gables State: FL Zip Code: 33134

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: Luzmary Nuñez Date: 4/26/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/06)

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
PD	Silvio Pineda	2367 W. 66 PL	Hialeah FL 33016
TD	Henry Molina	2347 W. 66 PL	Hialeah FL 33016
SD	Samuel Lorenzo	2351 W. 66 PL	Hialeah FL 33016

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)(i), 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: Silvio Pineda Silvio Pineda 4/20/05 3057446834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #