

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 MAY 23 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO3183**

1. Corporation Name

**WESTLAND VILLAGE CONDOMINIUM IV
ASSOCIATION, INC**

600004481326--3
-07/17/01--01089--008
***1225.00 ***1225.00

2. Principal Office Address

2333 W 66th Place

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Zip

33016

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

5/21/84

5. FEI Number

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

Christopher P. Kelley

REINSTATEMENT

86-01

Street Address (P.O. Box Number is Not Acceptable)

11098 Biscayne Boulevard

Suite, Apt. #, Etc.

205

City

MIAMI

State

FL

Zip Code

33161

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

Christopher P. Kelley
REGISTERED AGENT MUST SIGN

Date **5/21/01**

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
P/D	OLGA FUENTES	6767 Collins Ave #1507	Miami Beach, FL 33141
V/D	OSMIN A. PENA	2333 W 66 th Place	Hialeah, FL 33016
V/D	MIGUEL A. JIMENEZ	2341 W 66 th Place	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:

Christopher P. Kelley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-01

Date

Daytime Phone #

(305) 1893-6004

CR2003-19(00)