

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W05000050500

DOCUMENT # **NO3183**

1. Corporation Name

Westland Village Condominium II
Association, Inc.

2. Principal Office Address

2313 W. 66 Pl. Hialeah

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33016

Country

USA

3. Mailing Office Address

2313 W. 66 Pl.

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33016

Country

USA

[Handwritten Signature]

REINSTATEMENT
CR2E081 (8/05)

02-05

FILED
05 NOV 29 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida

5-21-1984

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

Martha Solorzano

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

2313 W. 66 Place

Suite, Apt. #, Etc.

City

Hialeah, FL

State

FL

Zip Code

33016

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

[Handwritten Signature: Martha Solorzano]
REGISTERED AGENT MUST SIGN

Date

11/7/05

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	Martha Solorzano	2313 W. 66 Pl. ^{unit} 210	Hialeah, FL 33016
V	Olga N. Fernandez	2295 W. 66 Pl. 301	Hialeah, FL 33016
S	Fredy Pedroza	2315 W. 66 Pl. 209	Hialeah, FL 33016
			800061745048 11/29/05 01016 023 **420.00
			800061745048 11/29/05 01016 024 **8.75

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:

[Handwritten Signature: Martha Solorzano]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/7/05

Daytime Phone #

305-484-5290