PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -5 AM 8:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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02/12/04--01035--028 **358.75

DOCUMENT # N03431

1. Corporation Name

INGLEWOOD TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

REINSTATEMENT 02-04

2. Principal Office Address	**3.** Mailing Office Address
17954 NW 68th Avenue	c/o Delta Management
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	P.O. Box 590577
City & State	City & State
Hialeah, Florida	Tamarac, Florida
Zip: 33015 / Country: USA	Zip: 33359 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/04/1984

5. FEI Number: 59-2447046 ☐ 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: Dennis J. Eisinger, Esquire

Street Address (P.O. Box Number is Not Acceptable): c/o Phillips, Eisenger & Brown, P.A.

Suite, Apt. #, Etc.: 4000 Hollywood Boulevard, Suite 265-S

City: Hollywood | State: FL | Zip Code: 33021

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 January 30, 2004

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
D & P	Lisa Vanoni	17950 NW 68th Avenue, No. 30	Hialeah, Florida 33015
D	Piedad Echeverry	17920 NW 68th Avenue, No. 31	Hialeah, Florida 33015
D	Carmen Fuentes	17979 NW 68th Avenue, No. 17	Hialeah, Florida 33015
D	Herlide Sanchez	17974 NW 68th Avenue, No. 15	Hialeah, Florida 33015

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: _____ LISA VANONI, President (305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #