

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000002783

1. Corporation Name

NEWHOME CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

3487 N.W. 22 AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

1116 W. 40 PL.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

HIALEAH, FL

Zip

33142

Country

USA

Zip

33012

Country

USA

7. Name and Address of Current Registered Agent

Name

ALEX FRANCES

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

1116 W. 40 PL.

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33012

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

REGISTERED AGENT MUST SIGN

Date **02/24/2011**

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/S/D	FRANCISCO FRANCES	1116 W. 40 PL.	HIALEAH, FL 33012
D	ALEX FRANCES	1116 W. 40 PL.	HIALEAH, FL 33012
D	KEVIN GONZALEZ	5848 S.W. 49 ST.	MIAMI, FL 33155

10. E-mail Address: **SFLDRYWALL@YAHOO.COM**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/24/2011 786-277-4813

RECEIVED

11 FEB 25 PM 3:09

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

600196038946
02/25/11--01050--005 **236.25

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida **3/14/2005**

5. FEI Number

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status