

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 00500009503

1. Corporation Name

El Capri Courtyards Condominium Association, Inc.

2. Principal Office Address
7801 S.W. 52nd Court

3. Mailing Office Address
7801 S.W. 52nd Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33143

Country
U.S.

Zip
33143

Country
U.S.

4. Date Incorporated or Qualified To Do Business in Florida 09/14/05

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
SKRLD, INC.

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

Suite, Apt. #, Etc.
Suite 1102

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 by [Signature] Secretary
REGISTERED AGENT MUST SIGN

Date 10/23/2006

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	JODI BUDIN	7801 S.W. 52nd Court	Miami, Florida 33143
S/VP	CRISTINA LEVINSON	530 S.W. 10th Street, Apt. 4	Miami, Florida 33130
T	PAIVI VETELAINEN	605 7th Street, Apt. 11	Miami Beach, Florida 33139

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] - Paivi Vetelainen

Date

11/03/2006

Daytime Phone #

305-661-9266