


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N05000010377**

1. Corporation Name  
CAMBRIDGE HOUSE CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box # 1855 WEST 56 STREET Suite, Apt. #, etc.		3. Mailing Office Address PO BOX 160718 Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State HIALEAH, FL.	
Zip 33012	Country DADE	Zip 33016	Country DADE

7. Name and Address of Current Registered Agent

Name  
REINALDO CASTELLANOS

Street Address (P.O. Box Number is Not Acceptable)  
9960 BIRD ROAD  
Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33165

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 1-25-10

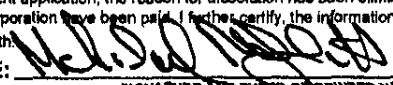
REGISTERED AGENT MUST SIGN

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
P	JORGE RAMOS	5979 NW 151 STREET STE 101	MIAMI LAKES, FL. 33014
VD	RAHMANPARST MAHMOOD	5979 NW 151 STREET STE 101	MIAMI LAKES, FL. 33014
SD	MEHRDAD, HERAVI	5979 NW 151 STREET STE 101	MIAMI LAKES, FL. 33014

10. E-mail Address: SIAHERAVI@AOL.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., 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.

SIGNATURE:  Date 1/27/10 Daytime Phone # 305-558-8869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
10 MAR 10 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 2010**

200167706512  
02/01/10--01046--004 \*\*\$1.25

CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida 10/06/2005

5. FEI Number 203605685 Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

200167706512  
03/10/10--01028--027 \*\*\$175.00

*Handwritten:* 3/10