

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p><b>APPLICATION FOR REINSTATEMENT</b></p> <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p><b>FILED</b></p> <p>99 NOV -8 PM 1:00</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p>*****673.75 *****673.75</p> <p><b>REINSTATEMENT</b> 92-99</p>																																
<p><b>DOCUMENT #</b> N05094</p> <p>1. Corporation Name <b>ARCOEN CONDOMINIUM #1, A CONDOMINIUM ASSOCIATION, INC.</b></p>		<p>DO NOT WRITE IN THIS SPACE</p> <p>09/11/1984</p> <p>59-2513803</p> <p>CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																																
<p>Principal Place of Business <b>814 W. 71st Street</b> <b>2255 SW 32nd Ave, # 202</b> <b>Hialeah, Florida 33014</b></p> <p>Mailing Address <b>7210 S.W. 39th TERR.</b></p>																																		
<p>2. New Principal Office Address, If Applicable <b>7210 S.W. 39th TERR.</b></p>		<p>3. New Mailing Address, If Applicable <b>7210 S.W. 39th TERR.</b></p>																																
<p>City &amp; State <b>Miami, Florida</b></p>		<p>City &amp; State <b>MIAMI, FLORIDA</b></p>																																
<p>Zip <b>33155</b></p>	<p>Country <b>USA</b></p>	<p>Zip <b>33155</b></p>																																
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1</th> <th style="width:30%;">2</th> <th style="width:30%;">3</th> <th style="width:30%;">4</th> </tr> <tr> <th>Title(s)</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P/D</td> <td>Carlos J. Mourin</td> <td>814 W. 71st Street</td> <td>Hialeah, Florida 33014</td> </tr> <tr> <td>S/D</td> <td>M.F. Garcia</td> <td>7210 S.W. 39th TERR</td> <td>Miami, Florida 33155</td> </tr> <tr> <td>VP/D</td> <td>Juan Perez-Gurri</td> <td>10310 SW 137th Ct</td> <td>Miami, Florida 33186</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		1	2	3	4	Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	P/D	Carlos J. Mourin	814 W. 71st Street	Hialeah, Florida 33014	S/D	M.F. Garcia	7210 S.W. 39th TERR	Miami, Florida 33155	VP/D	Juan Perez-Gurri	10310 SW 137th Ct	Miami, Florida 33186													<p>5. FEI Number <b>59-2513803</b></p> <p>Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/></p>
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<p>8. Name and Address of Current Registered Agent</p> <p><b>M.F. GARCIA</b> <b>7210 S.W. 39th TERR.</b> <b>MIAMI, FL 33155</b></p>		<p>9. Name and Address of New Registered Agent</p> <p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) _____</p> <p>Suite, Apt. #, Etc. _____</p> <p>City _____ State <b>FL</b> Zip Code _____</p>																																
<p>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</p> <p>Signature of Registered Agent  _____ Date _____</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																																		
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																																		
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or 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 corporation has been dissolved, 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																																		
<p>SIGNATURE:  <b>Juan Perez-Gurri</b></p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>		<p>Date <b>10/27/99</b> Daytime Phone # <b>(305) 665-7373</b></p>																																

CR2004 (12/95)