				DUOTIC		DOMENT	INO TUIO E			
	PLEATION FOR STATEMEN		FLORIDA <b>S</b>	A DEPART Sandra B. Secretary	ONS BEFORE C TMENT OF STATE . Mortham y of State CORPORATIONS	1		ORM.		
DOCUMENT # No.5453 1. Corporation Name							98 JUL 13 PM 12: 10			
	7900 WALENOVSE CONDOMINIVM						SECRETAR TALLAHASS	Y OF STAT SEE, FLORI	E ID <b>A</b>	
Principal Place of Business  ASJOCTATION, JNC.  Mailing Address  Mailing Address  Minuman R. Dalmau  9789 NW 31 Street  Minuman FL 33016  Minuman FL 33016  Minuman FL 33172-10						8000025902984 -07/16/9801008015 ****420.00 ****420.00 8000025902984 -07/16/9801008016 ******8.75 *******8.75				
	addre <b>sse</b> s are incorrectincipal <b>O</b> ffice Address				d enter correction below. ress, If Applicable		oorated or Qualified ness in Florida			
Suite, Apt.	Suite, Apt. #, etc. Suite City & State City			etc.		5. FEL Number Applied For Not Applicable				
Zip	Count	try	Zip		Country	- 6.	E OF STATUS DESIRED	S8.75 Add	Not Applicable ditional Fee required ertificate of Status	
	1	Name of Officers	or Director (Flori	ida nonprofit c	corporations must list at lea	h		/ 01-10 / 7		
Title(s)	and/or Directors			3 (Do t	Officer and/or Director NOT Use Post Office Box N		4	City / State / Zi	p	
<u>হ্</u> ত	R15560;	N. W. 6127 AV	re	HIALEAL.	, FL, 3	31012				
<u> L</u> F	DALMAN, JUANR.			9789	N.W. 315T		Miami	FL. 33	172	
プフ	TROVATO JULIO			125 C	RANDON B.	413.	Key Bisc.	AYNE F	L 33149	
	:		R	EINIC	Tarna ema		·	J	7	
				CIIAO	TATEMEN	17 4		1/5	<u> </u>	
				<u> </u>				7/14		
<b></b>		Address of Current F	<del></del>	<u>nt</u>	Name	9. Name and A	Address of New Reg	alstered Agent	<del> </del>	
	189 N. W				Street Address (F	P.O. Box Number	Is Not Acceptable)		<u> </u>	
	AMI FL.		$\sim$		Suite, Apt. #, Etc.					
•				Ion	City	City State Zip Code  h and accept the obligations of Section 607.0505, F.S.				
Signature o		red agent of the appr	pe named corpur	ation, am iau	niliar with and accept the or	bligations of Secur	ion 607.0505, F.S.  Date	12/95	7	
Registered		Y	GISTERED AGE				Date/	/		
11. Th Int	11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for information on intangible tax.)									
12. 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: JUAN R. DALMAU 7/2/98 (305) 796-4488  Date Daylimo Priono #										