
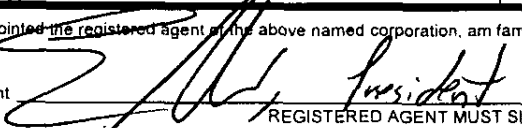
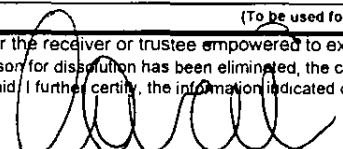


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N06000002474			
1. Corporation Name Sevilla Condominium Association of Miami, Inc.			
2. Principal Office Address - No P.O. Box # 7800 NW 2 nd Ave		3. Mailing Office Address c/o FLCAM, Inc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL 33150		City & State Hollywood, FL	
Zip	Country	Zip	Country
33150		33312	USA
4. Date incorporated or Qualified To Do Business in Florida 3/3/04			
5. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Glazer + Associates,			
Street Address (P.O. Box Number is Not Acceptable) 3113 Stirling Rd			
Suite, Apt. #, Etc. 201			
City Hollywood		State FL	Zip Code 33312
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 7/19/10	
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	Carini Sbardelotto	9105 NW 1 st Ave	Miami Shores, FL 33150
D	Nilda Bispo	2830 NW 99 St.	Miami, FL 33147
10. E-mail Address:			
(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 7/19/2010	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	