

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

08 MAR -4 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


LD 3-5-08



02252008 REIN-NP CR2E099 (1/07)

4. FEI Number 1570205 Applied For ☐ No Fee Required  
5. Certificate of Status Desired ☐ Additional Fee Required

**REINSTATEMENT**

<b>DOCUMENT # N06929</b>			
1. Entity Name WEST VIEW LAKE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business WEST VIEW LK THOMES CONDO ASSOC 5302-5368 W 26 AVE HIALEAH, FL 33016 US		Mailing Address AMERICAN MANAGEMENT & REALTY 2011 WEST 62 STREET HIALEAH, FL 33016 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2530 W. 78 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Bay #2	
City & State		City & State Hialeah FL	
Zip	Country	Zip	Country
33016	US	33016	US

6. Name and Address of Current Registered Agent AMERICAN MANAGEMENT & REALTY, INC 2011 WEST 62 STREET HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name ADVANTX PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 2530 WEST 78 STREET Bay #2 City Hialeah FL Zip Code 33016	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [Signature] DATE: 2/25/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUIS, GARCIA A 5360 WEST 26 AVE HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200119354402 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/04/08--01016--001 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAYA, ANGEL 5350 W 26 AVE HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200119354402 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/04/08--01016--002 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREZ, SEBASTIAN E 5324 WEST 26 AVENUE HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 3/1/08 (305) 819-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR