

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 12 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10137

1. Corporation Name

CHRISTINE VILLAS CONDO ASSOCIATION INC
5429 West 26 Avenue
5429 WEST 26 AVENUE

2. Principal Office Address

5429 West 26 Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

5429 WEST 26 AVENUE

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

HIALEAH

Zip

Country

Zip

Country

33016

USA

4. Date Incorporated or Qualified

To Do Business in Florida: 07/10/1985

5. FEI Number

N/A

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Roberto Calero

Street Address (P.O. Box Number is Not Acceptable)
5461 W 26 Avenue

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33016

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**

Roberto Calero

Date 10/25/2004

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
PD	Roberto Calero	5461 West 26 Avenue	Hialeah, FL 33016
SD	Marian Cardenosa	5433 West 26 Avenue	Hialeah, FL 33016
TS	Pedro Sora	5429 West 26 Avenue	Hialeah, FL 33016

10. 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:

ROBERTO CALERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/2004

Date

305-558-8415

Daytime Phone #

CR2E018 (01/04)