# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
2007 DEC -6 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT # N10380**

1. Entity Name
LAS PALMAS OF HIALEAH CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5375 PALM AVE<br>HIALEAH, FL 33012-2771 US | 5375 PALM AVE<br>HIALEAH, FL 33012-2771 |

REINSTATEMENT
112620007 REIN-NP CR2E099 (1/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2563253 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CADALSO, FIDEL<br>5375 PALM AVE #4<br>HIALEAH, FL 33012-2771 | Name: Caceres Felix<br>Street Address (P.O. Box Number is Not Acceptable): 5375 Palm Ave # 5<br>City: Hialeah FL Zip Code: |

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 _____ 11 29 07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $236.25**
**After January 1, 2008, Fee will be $297.50**

**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<br>CACERES, FELIX<br>5375 PALM AVE., #4<br>HIALEAH, FL 330122771 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>HUERGO, LEONARDO<br>5365 PALM AVE., #5<br>HIALEAH, FL 330122771 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>Caldaso, Fidel<br>5375 Palm Ave # 4<br>Hialeah, Fl 33012 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>ALONSO, RAFAEL<br>5375 PALM AVE. #5<br>HIALEAH, FL 330122771 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 600112903475<br>12/06/07--01050--001 **236.25 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** _____ 11-29-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

G. Mitchell DEC 6 2007